

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 NOV -1 PM 3:11

DOCUMENT # N96000006524

1. Corporation Name

STUDENTS FOR COMMUNITY ASSISTANCE REGARDING THE
ELDERLY, INC.

Principal Place of Business

Mailing Address

212 BLANDING BOULEVARD
ORANGE PARK FL 32073

212 BLANDING BOULEVARD
ORANGE PARK FL 32073



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

REINSTATEMENT

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

12/23/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3422420

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐ \$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PSTD	SAMARA, KARIM	212 BLANDING BOULEVARD	ORANGE PARK FL 32073
D	SHAH, ANJAN	722 COMMONWEALTH AVE APT 5-C	BOSTON MA 02215
D	CHABRA, RINA	184 NAPLES ROAD #4	BROOKLINE MA 02146
			8000003469658-5 -11/20/00--01020--003 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

AKEL, EDWARD C
1 INDEPENDENT DRIVE
SUITE 2301
JACKSONVILLE FL 32202

9. Name and Address of New Registered Agent

Name

DAVID SAMARA

Street Address (P.O. Box Number is Not Acceptable)

212 BLANDING BLVD

Suite, Apt. #, Etc.

City

ORANGE PARK

State

FL

Zip Code

32073

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

Date 10-27-00

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/27/00 9042727500
Date Daytime Phone #

CR2ED040 (8/00)