

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
02-03 UBR  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 MAY -5 PM 1:00

DOCUMENT # N97000005459

1. Corporation Name

KIDS AND ADULTS FOR COMMUNITY HEALTH, INC.

Principal Place of Business

Mailing Address

1000 SECOND ST., STE. 050  
SARASOTA FL 34236

3255 PINE VALLEY DR.  
SARASOTA FL 34238



100018022881  
05/05/03--01112--006 \*\*122.50

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

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

09/24/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0789650

Applied For

Not Applicable

City & State

City & State

Sarasota FL

SARASOTA, FL

Zip

Country

Zip

Country

34237

SARASOTA

34277-5642

SARASOTA

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
D	RAYFIELD, B	3255 PINE VALLEY DR. 632 Golden Gate	SARASOTA FL 34238 42
D	WELCH, AMY- COMEGYS, SALLY	3255 PINE VALLEY DR. 1903 IRVING ST	SARASOTA FL 34238 34236
D	TAYLOR, DOROTHY	60065 CANAL RD.	ORANGE BEACH FL 36561

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RAYFIELD, BEVERLY  
3255 PINE VALLEY DR.  
SARASOTA FL 34239

Name

Michael Moran

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

2201 Ringling Blvd

Suite, Apt. #, Etc.

#202

City

Sarasota

State

FL

Zip Code

34237

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. or 617.0505, F.S.

Signature of  
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

4/28/03

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

BEVERLY B. RAYFIELD

Date

4/25/03

941-

930-2929

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CR2E040 (8/02)

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KIDS AND ADULTS FOR COMMUNITY HEALTH, INC.  
P.O. Box 5642  
SARASOTA, FL 34277-5642  
941-330-2929

TO WHOM IT MAY CONCERN:

IT HAS JUST BEEN BROUGHT TO MY ATTENTION THAT A NOTICE OF ADMINISTRATIVE  
DISSOLUTION HAS BEEN GIVEN.

I AM REQUESTING THAT THE REINSTATEMENT FEE BE WAIVED AS WE DID NOT RECEIVE  
THE TWO PREVIOUS UBR NOTICES. AS YOU WILL NOTE FROM THE ATTACHED  
APPLICATIONS, OUR PLACE OF BUSINESS CHANGED, AS WELL AS OUR MAILING ADDRESS.  
THE FORMS WERE NOT FORWARDED ON TO US.

THANK YOU,

  
BEVERLY RAYFIELD  
PRESIDENT