

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

00 NOV 27 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N98000005140

1. Corporation Name

CONTINUUM PERSONAL CARE MANAGEMENT AND SERVICES  
, INC.

Principal Place of Business

Mailing Address

~~1400 N MONROE STREET~~ 2449  
TALLAHASSEE FL ~~32308~~ Centerville Rd  
32308 P.O. BOX 13237  
TALLAHASSEE FL 32317

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified  
To Do Business in Florida

09/09/1998

5. FEI Number

59-3537494

Applied For

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
DP	NELSON, TONI	<del>4632 AUTUMN WOODS WAY</del> 2449 Centerville Rd	TALLAHASSEE FL <del>32308</del> 32308
DT	FERGUSON, DEBORAH	2310 DON PATRICIO	TALLAHASSEE FL 32303
D	KNOX, TOM	2522 STAGHORN PLACE	TALLAHASSEE FL 32308
D	FOREHAND, WALTER	402 OFFICE PLAZA DRIVE	TALLAHASSEE FL 32308
			600003488006--6 -12/05/00--01092--002 ****236.25 ****236.25

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

NELSON, TONI

~~4632 AUTUMN WOODS WAY~~ 2449 Centerville Rd  
TALLAHASSEE FL ~~32308~~ 32308

Name

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

2449 Centerville Road

Suite, Apt. #, Etc.

City

State

Zip Code

FL

32308

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 11-27-00

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

Date

Daytime Phone #

11-27-00

385-4301