

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 17 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P 000 0000 3248

1. Corporation Name

East Coast Extended Care Inc.

2. Principal Office Address

100 NW 15th Street

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33431

Country

USA

3. Mailing Office Address

200 Congress Park Drive

Suite, Apt. #, etc.

100

City & State

Delray Beach, FL

Zip

33445

Country

USA

500024764685
11/17/03--01099--025 **1050.00

REINSTATEMENT 01-03

4. Date Incorporated or Qualified
To Do Business in Florida

1/11/2000

5. FEI Number

☒ Applied For

☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Steven M. Auerbacher

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

200 Congress Park Drive

Suite, Apt. #, Etc.

Suite 104

City

Delray Beach

State

FL

Zip Code

33445

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date Nov. 12, 2003

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Michael Chernak	200 Congress Park Drive, Suite 100	Delray Beach, FL 33445
VP/T	Patrick S. Kirse	200 Congress Park Drive, Suite 100	Delray Beach, FL 33445
VP/S	Chris Crosby	200 Congress Park Drive, Suite 101	Delray Beach, FL 33445

10. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #