

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

01 OCT 15 AM 11:33

DOCUMENT # **P00000115244**

1. Corporation Name

L & J RETIREMENT HOME, INC.

Principal Place of Business

Mailing Address

5540 SW 64TH AVE
DAVIE FL 33314

5540 SW 64TH AVE
DAVIE FL 33314



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

12/13/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-1062207

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PD	HOWARD, PAULINE	13074 NW 23RD ST	PEMBROKE PINES FL 33028
VD	HOWARD, LEROY	13074 NW 23RD ST	PEMBROKE PINES FL 33028
STD	SIMMONDS, SIMONE	13074 NW 23RD ST	PEMBROKE PINES FL 33028
			800004649288--2 -10/23/01--01015--014 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CHUCK MOGBO, P.A.
2800 W OAKLAND PARK BLVD, SUITE 209
OAKLAND PARK FL 33311

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Chuck Mogbo, C.P.A.

REGISTERED AGENT MUST SIGN

Date

10/11/01

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:

Leroy Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/11/01

Daytime Phone #

CR2040 (8/01)