

APPROVED
AND
FILED

192

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


06 MAR 14 AM 9:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200068111502
03/20/06--01027--002 **458.75

REINSTATEMENT 04-06 SK

CR2E081 (12/05)

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS <i>W 01000010336</i>	
DOCUMENT # P01000005768 1. Corporation Name GraceWood Nursing Center, Inc.			
2. Principal Office Address 8600 US HWY 19 North Suite, Apt. #, etc. City & State Pinellas Park Zip 33782 Country Pinellas		3. Mailing Office Address 16 Norcross St. Suite, Apt. #, etc. 50-B City & State Roswell, GA Zip 30075 Country Fulton	

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number 59-3693997	Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name R. Bruce McKibben, PA	
Street Address (P.O. Box Number is Not Acceptable) 1435 East Piedmont Dr.	
Suite, Apt. #, Etc. Suite 214	
City Tallahassee	State FL
Zip Code 32308	

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 <i>[Signature]</i>	Date 2/22/06
REGISTERED AGENT MUST SIGN	

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
CEO	Robert W. Hagan	16 Norcross St. #50-B11	Roswell, GA
SEC	Mary Lu Flory	16 Norcross St. #50-B	Roswell, GA

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 contained in Chapter 119, 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: <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 2-22-06 Daytime Phone # 770 993 4800

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GraceWood Nursing Center, Inc.
16 Norcross St., Suite 50-B
Roswell, GA 30075
770-993-4000

March 10, 2006

Via Courier Service

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32314

Re: Reinstatement of Gracewood Nursing Center, Inc.
Ref. Number P01000005768


Dear Sirs:

Enclosed please find our completed Corporation Reinstatement form, a copy of your rejection letter, and our check in the amount of \$458.75 to cover the three years of annual report fee (\$183.75), the three years of corporate supplemental fee (\$266.25), and a fee of \$8.75 for a certificate of status.

We are hereby requesting that you waive the Reinstatement fee of \$600.00 in that we did not receive the uniform business reports/corporate annual reports for the years 2004, 2005 and 2006.

Thank you for your prompt attention to this matter.

Sincerely,
Gracewood Nursing Center, Inc.


Mary Lou Flory
Corporate Title: Secretary

Enclosures