

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN 10 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000005768

1. Corporation Name

GRACEWOOD NURSING CENTER, INC.

Principal Place of Business

~~4435 OLD WINTER GARDEN RD
ORLANDO FL 32811~~

3600 US Highway 19 North
Pinellas Park, FL 33782

Mailing Address

~~4435 OLD WINTER GARDEN RD
ORLANDO FL 32811~~

16 Norcross St.
Suite 50-B
Roswell, GA
30075



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

2. New Principal Office Address, If Applicable

See above

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

See above

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

01/16/2001

5. FEI Number

59-3693997

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
Pres.	Robert W. Hagan	16 Norcross St. Suite 50-B Roswell, GA 30075	500010192935 11/17/03--01065--001 **750.00
CFO	Donna Sweda	16 Norcross St. Suite 50-B Roswell, GA 30075	11/17/03--01065--001 **750.00

8. Name and Address of Current Registered Agent

BLUMBERG EXCELSIOR CORPORATE SERVICES, INC
4435 OLD WINTER GARDEN RD
ORLANDO FL 32811

9. Name and Address of New Registered Agent

Name
R. Bruce McKibben, P. A.
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

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

R. Bruce McKibben
REGISTERED AGENT MUST SIGN

Date 11-20-02

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:

Donna Sweda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/11/02 970-993-4200

CR2E040 (8/02)