

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

02 DEC -2 AM 11:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000039656

1. Corporation Name

FAMILY CARE CENTER AT THE VILLAGES, INC.

Principal Place of Business

1400 US HWY 441 N STE 950
THE VILLAGES FL 32159

Mailing Address

1400 US HWY 441 N STE 950
THE VILLAGES FL 32159

#930



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

2. New Principal Office Address, If Applicable

1400 US Hwy 441 North

3. New Mailing Office Address, If Applicable

1400 US Hwy North

Suite, Apt. #, etc.

Suite #930

Suite, Apt. #, etc.

Suite #930

City & State

The Villages FL

City & State

The Villages FL

Zip

32159

Country

Zip

32159

Country

4. Date Incorporated or Qualified
To Do Business in Florida

04/16/2001

5. FEI Number

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Officer	Alain Smolarski	1014 SE 13th Ave.	Ocala FL 34471
Director	Alain Smolarski	1014 SE 13th Ave	Ocala FL 34471

8. Name and Address of Current Registered Agent

SMOLARSKI, ALAIN MD
1400 US HWY 441 N STE 950
THE VILLAGES FL 32159

9. Name and Address of New Registered Agent

Name

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

1400 Hwy 441 North

Suite, Apt. #, Etc.

Suite #930

City

The Villages

State

FL

Zip Code

32159

CR2E040 (8/02)

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/25/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(352)
10/29/02 753-6886

October 30, 2002

To Whom It May Concern:

Dear Sir/Madam:

We are a new corporation this year and we didn't receive the form for 2002 and thus are now in non-compliance. Would you be so kind as to give us a second chance and waive the \$600 penalty this one time and accept our payment?

Enclosed please find a check for \$150 and the Application for Reinstatement.

Also, please note the change in suite number (from 950 to 930).

Thank you for your consideration.

Kindest Regards,

A handwritten signature in cursive script, appearing to read "Alain Smolarski".

Alain Smolarski, M.D.
Family Care Center at the Villages, Inc.
1400 U.S. Hwy 441 North
Suite 930
The Villages, FL 32159