

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC 30 PM 2:18

DOCUMENT # **P01000064842**

1. Corporation Name

**SOUTHWOOD NURSING CENTER, INC..**

Principal Place of Business

Mailing Address

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

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

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**40 Acme St.**

**16 Norcross St. Ste 50-B**

City & State

City & State

**Jacksonville, FL**

**Roswell GA**

Zip

Country

Zip

Country

**32211**

**U.S.A.**

**30075**

**U.S.A.**

4. Date Incorporated or Qualified  
To Do Business in Florida

**06/28/2001**

5. FEI Number

**59-3730158**

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
<b>PRES</b>	<b>Robert W. Hagan</b>	<b>16 Norcross St. Ste 50-B Roswell, GA 30075</b>	
<b>CFO</b>	<b>Donna Sweda</b>	<b>16 Norcross St. Ste 50-B Roswell, GA 30075</b>	

**300010138923  
01/15/03--01086--020 \*\*750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

**BLUMBERGEXCELSIOR CORPORATE SERVICES, INC.  
4435 OLD WINTER GARDEN RD  
ORLANDO FL 32811**

Name

**R. Bruce McKibben, P.A.**

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

**1435 East Piedmont Drive**

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

**SIGNATURE REQUIRED**  
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:

**SIGNATURE REQUIRED**  
**Donna M. Sweda**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**11/11/02 770 993-4800**

CR2E040 (8/02)