

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

page 1 of 2

APPLICATION
FOR



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

DOCUMENT # P01000116285

1. Corporation Name

SHADY OAKS OF CURLEW II, INC.

Principal Place of Business

1889 CURLEW ROAD
PALM HARBOR FL 34683

Mailing Address

1889 CURLEW ROAD
PALM HARBOR FL 34683

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

12/07/2001

5. FEI Number

59-3759865

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
PSTD	LAPPOINT, BRIDGET	913 BAY POINT DRIVE	MADIERA BEACH FL 33708

4000000935254

11/12/02--01074--011 **150.00

WUBR 100

8. Name and Address of Current Registered Agent

LAPPOINT, BRIDGET
913 BAY POINT DRIVE
MADIERA BEACH FL 33708

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

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

Bridget Lapoint
REGISTERED AGENT MUST SIGN

Date

11-6-02

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:

Bridget Lapoint
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/6/02 727 327-6433
Date Daytime Phone #

Page 1 of 2

Shady Oaks of Curlew II, Inc

ASSISTED LIVING FACILITY

1889 Curlew Road
Palm Harbor, Florida 34685
727-785-2253 (ACLF) * Nurse's Line: 727-784-3403 * Fax: 727-785-0355

November 6, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Dear Sir or Madam:

Please reinstate my corporation, Shady Oaks of Curlew II. I did not receive two prior uniform business report notices. Enclosed is my check for \$150.00 and my application for reinstatement, document # PO1000116285. Please contact me at 727-327-6433 if you have any questions or concerns.

Sincerely,



Bridget LaPoint