

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV 19 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P02000012466

1. Corporation Name

SPECIAL CARE PROVIDERS OF SOUTH SHORE, INC.

Principal Place of Business

Mailing Address

3599 HOLLYWOOD OAKS DRIVE  
HOLLYWOOD FL 33312

3599 HOLLYWOOD OAKS DRIVE  
HOLLYWOOD FL 33312

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

4701 N. Meridian Ave.

4701 N. Meridian Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Six Nichol

Six Nichol

City & State

City & State

Miami Beach, FL

Miami Beach, FL

Zip

Zip

33140

33140

Miami-Dade

Miami-Dade

4. Date Incorporated or Qualified  
To Do Business in Florida

02/04/2002

5. FEI Number

Applied For

30-0043959

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
D	COREN, RICHARD	3599 HOLLYWOOD OAKS DRIVE	HOLLYWOOD FL 33312
D	PAGE, PAUL	3599 HOLLYWOOD OAKS DRIVE	HOLLYWOOD FL 33312

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

FILINGS, INC.

3732 N.W. 16TH STREET

FT. LAUDERDALE FL 33311-4132

Name

Richard A. Coren

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

3599 Hollywood Oaks Dr.

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33312

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

Richard Coren

REGISTERED AGENT MUST SIGN

Date

11-14-03

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:

Paul J. Page  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-14-03

Date

(305) 674 3148

Daytime Phone #

CR2040 (7/03)

SPECIAL CARE PROVIDERS OF SOUTH SHORE INC.  
4701 N. MERIDIAN AVENUE • SIX NICHOL • MIAMI BEACH, FLORIDA 33140

November 14, 2003

VIA REGULAR MAIL

Florida Department of State  
Division of Corporations  
Annual Report/Reinstatement Section  
PO Box 6327  
Tallahassee, Florida 32314-6327

RE: DOCUMENT # PO2000012466  
(Special Care Providers of South Shore, Inc.)

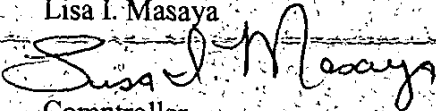
To Whom It May Concern:

Per our conversation today and as promised, this correspondence shall serve to confirm that the 2003 Uniform Business Report was never received. Would you please reinstate the above referenced corporation and waive any additional fees.

Should you require any further information please feel free to contact my office at (305)674-3148.

Thank you in advance for assistance, have a great day.

Lisa I. Masaya



Comptroller  
Special Care Providers  
of South Shore, Inc.  
4701 N. Meridian Avenue  
Six Nichol  
Miami Beach, Florida 33140  
PH# (305) 674-3148  
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[Lmasaya@aol.com](mailto:Lmasaya@aol.com)