

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 MAR 22 AM 10:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P02000117143

1. Corporation Name

GOOD SAMARITAN HEALTH CARE CENTER INC.

2. Principal Office Address

9033 GLADES ROAD

Suite, Apt. #, etc.

SUITE C

City & State

BOCA RATON, FL

Zip

33434

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

10/31/02

5. FEI Number

33-1038005

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

REINSTATEMENT 03-04
500030025785
03/08/04--01050--005 **750.00

7. Name and Address of Current Registered Agent

Name

BRUCE J REINGOLD

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

9033 GLADES ROAD

Suite, Apt. #, Etc.

SUITE C

City

BOCA RATON, FL

State

FL

Zip Code

33434

500030025785
03/23/04--01070--037 **150.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

REGISTERED AGENT MUST SIGN

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PRES	BRUCE J REINGOLD	9033 GLADES ROAD	BOCA RATON FL 33434

10. 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:

Bruce J Reingold
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/27/04

Daytime Phone #

561-451-0866

CR2E081 (01/04)