

2005 FOR PROFIT CORPORATION REINSTATEMENT

12/2

DOCUMENT # P04000108907

1. Entity Name
FLORIDA SHORES OF MELBOURNE ASSISTED LIVING, INC.



Principal Place of Business
**2155 KEYSTONE AVENUE W
MELBOURNE, FL 32904**

Mailing Address
**6669 CHERRY GROVE CIRCLE
ORLANDO, FL 32809**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2155 Keystone Ave.
Suite, Apt. #, etc.

City & State
West Melbourne FLORIDA

Zip
32904

Country
USA

FILED
05 OCT 14 PM 3:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10102005 REIN P 010817974 (6/04) 2005

4. FBI Number
010817974

Applied for reinstatement
☒ Yes ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**MERCADO, RONEL
6669 CHERRY GROVE CIRCLE
ORLANDO, FL 32809**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **RONEL MERCADO** **PRESIDENT** DATE **10-11-05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!! FEE IS \$150.00
After January 1, 2006, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MERCADO, RONEL 6669 CHERRY GROVE CIRCLE ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MERCADO, JENNY 6669 CHERRY GROVE CIRCLE ORLANDO, FL 32809 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T UY, IRENE 2155 KEYSTONE AVENUE W MELBOURNE, FL 32904 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RONEL MERCADO** **PRESIDENT** DATE **10-11-05** Daytime Phone # **321-726-8070**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 of 2

FLORIDASHORES OF MELBOURNE 1 ASSISTED LIVING INC.

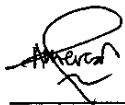
**2155 Keystone Avenue
West Melbourne, Florida 32904
Telephone: (321)726-8070**

October 11, 2005
Reinstatement Division
Division Of Corporation
P.O Box 6198
Tallahassee FL 32314-6198

Dear Sir,

Attached is our reinstatement fee for \$150.00 . We did not receive prior notice at the above Business Address. So please waive the late fees.
Thank you.

Very truly yours,



**Ronel Mercado
President**