

1092

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED 2008 OCT 24 AM 7:44 TALLAHASSEE, FLORIDA REINSTATEMENT CR2E081 (10/08)	
DOCUMENT # P05000044490 1. Corporation Name Panama City Nursing Center Inc.					
2. Principal Office Address - No P.O. Box # 4445 Willard Avenue Suite, Apt. #, etc. 12th Floor City & State Chevy Chase, MD Zip Country 20815 USA		3. Mailing Office Address 4445 Willard Avenue Suite, Apt. #, etc. 12th Floor City & State Chevy Chase, MD Zip Country 20815 USA		4. Date Incorporated or Qualified To Do Business in Florida March 18, 2005 5. FEI Number 20-2568041 Applied For Not Applicable 6. CERTIFICATE OF STATUS DESIRED ☐ \$5.75 Additional Fee required for a Certificate of Status	
7. Name and Address of Current Registered Agent Name C T Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road Suite, Apt. #, Etc. City State Zip Code Plantation FL 33324				☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.	
8. I, being appointed the registered agent of the above named corporation, am familiar with the provisions of section 607.0505 or 617.0503, F.S. Signature of Registered Agent  Vice President and Assistant Secretary Date 10/24/08 REGISTERED AGENT MUST SIGN					
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)					
Title	Name of Officer and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip		
Director	James Pieczynski	30699 Russell Ranch Rd, #200	Westlake Village, CA 91362		
Pres.	James Pieczynski	30699 Russell Ranch Rd, #200	Westlake Village, CA 91362		
VP/Sec	Elizabeth A. Stone	30699 Russell Ranch Rd, #200	Westlake Village, CA 91362		
VP/Tre	Jeffrey Lipson	4445 Willard Ave, 12th Floor	Chevy Chase, MD 20815		
Asst. Sec	Pierrette Bradshaw	4445 Willard Ave, 12th Floor	Chevy Chase, MD 20815		
Asst. Sec	Carolyn Silva-Quagliato	4445 Willard Ave, 12th Floor	Chevy Chase, MD 20815		
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 contained in Chapter 119, 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 		Carolyn Silva-Quagliato 10/24/08		301-841-2765	

B. Mitchell OCT 24 2008

2 of 2

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H08000242808 3)))



H080002428083ABC%

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

PANAMA CITY NURSING CENTER, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$900.00

Electronic Filing Menu

Corporate Filing Menu

Help