

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2008 MAR 11 PM 1:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P05000048102

1. Corporation Name

JOHANNA'S ASSISTED LIVING FACILITY INC

2. Principal Office Address - No P.O. Box #

1958 SW DORADO LANE  
Suite, Apt. #, etc.

3. Mailing Office Address

1958 SW DORADO LANE  
Suite, Apt. #, etc.

City & State

PORT ST. LUCIE FLA

Zip Country  
34953 USA

City & State

PORT ST. LUCIE FLA

Zip Country  
34953 USA

**REINSTATEMENT** 06-08

CR2E081 (12/07)

4. Date Incorporated or Qualified  
To Do Business in Florida

3-31-05

5. FEI Number

562512362

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ \$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name JO-ANNA GUICHRIE

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

1958 SW DORADO LANE

Suite, Apt. #, Etc.

City PORT ST. LUCIE

State  
FL

Zip Code  
34953

☒ 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 and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

JO-ANNA GUICHRIE  
REGISTERED AGENT MUST SIGN

Date 3.3.08

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
<u>D</u>	<u>JO-ANNA GUICHRIE</u>	<u>1958 SW DORADO LANE</u>	<u>PORT ST. LUCIE FLA 34953</u>
			<u>800119498768</u> <u>03/14/08--01026--013 **215.00</u>
			<u>800119498768</u> <u>03/05/08--01041--003 **236.25</u>

**REINSTATEMENT**

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:

JO-ANNA GUICHRIE Administrator 3.3.08 (772) 519-2061  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #