

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 JUN 18 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P07000072357

1. Corporation Name

PEACE OF MIND ELDER CARE INC

500181892385  
06/09/10--01039--001 \*\*750.00

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

35 CARDINAL LANE

Suite, Apt. #, etc.

3. Mailing Office Address

35 CARDINAL LANE

Suite, Apt. #, etc.

City & State

KEY LARGO

City & State

KEY LARGO

Zip

FLORIDA

Country

USA

Zip

33037

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

01/01/2007

5. FEI Number  
30-0422473

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

ALBERTHA TAYLOR

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

35 CARDINAL LANE

Suite, Apt. #, Etc.

City

KEY LARGO

State

FL

Zip Code

33037

500181892385  
06/21/10--01004--006 \*\*300.00

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
PST	ALBERTHA TAYLOR	35 CARDINAL LANE	KEY LARGO
		06/21	

10. E-mail Address:

(To be used for future annual report notification)

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. I further certify, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-2-2010