

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR *reinstatement*
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 18 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P14650**

1. Corporation Name

NURSING CENTERS OF AMERICA, INC.

Principal Place of Business

4800 NOB HILL ROAD
SUNRISE FL 33351
US

Mailing Address

4800 NOB HILL ROAD
SUNRISE FL 33351
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

06/01/1987

5. FEI Number

58-1578848

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

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

| Title(s) | Name of Officers and/or Directors | Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) | City / State / Zip |
|----------|-----------------------------------|-------------------------------------------------------------------------------------|--------------------------------------|
| 1 | 2 | 3 | 4 |
| PTD | WOLFE, RICHARD W. | 2847 MILLER CT | FT LAUDERDALE FL |
| S | WOMACK, MELINDA M. | 5 GONCOURSE PARKWAY, #240 4800 Nob Hill Road | ATLANTA GA Sunrise, FL |
| | | | |
| | | | |
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| | | | |

200002009442-9
11/20/96 01026-007
\$\$\$208.75 \$\$\$208.75

REINSTATEMENT

Alan

200002009442-9
11/18/96 01026-008
\$\$\$175.00 \$\$\$175.00

8. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of Current Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

Melinda M. Womack

REGISTERED AGENT MUST SIGN

Date 10/31/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

Melinda M. Womack
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/17/96

954/748-3400
Daytime Phone