

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P22225

1. Corporation Name

LTC OF WASHINGTON, INC.

Principal Place of Business

601 UNION ST.  
22ND FLOOR  
SEATTLE WA 98101  
US

Mailing Address

1650 LOS GAMOS DRIVE  
SAN RAFAEL CA 94903-1899  
US

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

2. New Principal Office Address, If Applicable

1650 Los Gamos Dr  
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

San Rafael CA

City & State

Zip

94903

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/22/1988

5. FEI Number

91-1295015

Apply **SP**  
Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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	City / State / Zip
1	2	3	4
PD	SKIFF, THOMAS A	1650 LOS GAMOS DRIVE	SAN RAFAEL CA 94903
<del>V</del>	<del>SMITH, DE</del> Richard Fucci	<del>601 UNION STREET 22ND FLOOR</del>	SEATTLE WA 98101
S	KANE, DAVID N	1650 LOS GAMOS DRIVE	SAN RAFAEL CA 94903
T	<del>TENGIO, OSCAR</del>	1650 LOS GAMOS DRIVE	SAN RAFAEL CA 94903
V	Richard Fucci	6604 W. Broad Street	Richmond, VA 23230
T	Gary T. Pizzia	6620 W. Broad St. 4th floor	Richmond, VA 23230

8. Name and Address of Current Registered Agent

DARDEN, JACQUELINE  
4010 BOY SCOUT BLVD  
STE 260  
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name  
Corporation Service Company  
Street Address (P.O. Box Number is Not Acceptable)  
1201 Hays S600003500535--9  
Suite, Apt. #, etc. 12/13/00--01106--019  
\*\*\*\*750.00 \*\*\*\*750.00  
City Tallahassee State FL Zip Code 32301

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 119.07(3)(i), 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 of Registered Agent [Signature] **SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN  
Date 12/13/00 **\*\*\*\*\*8.75**

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 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:

[Signature] **SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-6-00  
Date

(405) 492-7320  
Daytime Phone #



REINSTATEMENT 00

FILED

00 DEC -8 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E040 (8/00)