

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**APPLICATION
FOR
REINSTATEMENT**



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

DOCUMENT # **P 38974**

1. Corporation Name

SAWGRASS CARE CENTER, INC.

Principal Place of Business

Mailing Address

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

2. New Principal Office Address, If Applicable

8301 State Line

Suite, Apt. #, etc.

Suite 205

City & State

Kansas City, MO

Zip

64114

Country

U.S.A.

3. New Mailing Office Address, If Applicable

8301 State Line

Suite, Apt. #, etc.

Suite 205

City & State

Kansas City, MO

Zip

64114

Country

U.S.A.

4. Date Incorporated or Qualified
To Do Business in Florida

05/22/1992

5. FEI Number

43-1614315

Applied For

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/D	S. W. Creekmore, Jr.	5000 East Valley Road	Fort Smith, AR 72903
V/D	S. W. Creekmore, III	No. 2 Berry Hill	Fort Smith, AR 72903
S	Carla Campbell	804 Linda Lane	Van Buren, AR 72956
AS	S. Ruth Lehr	6020 Elm Street	Raytown, MO 64133

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Robert D. Newell, Jr.

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

817 North Gadsden Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32303

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

REGISTERED AGENT MUST SIGN

Date

10/24/97

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:

S. Ruth Lehr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S. Ruth Lehr, Assistant Secretary

October 23, 1997

Date

(816) 822-9090

Daytime Phone #

97 OCT 24 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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****750.00 ****750.00

REINSTATEMENT 97

CR2040 (12/95)