

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 993000013642

1. Corporation Name

Buchanan Retirement Home, Inc.

Principal Place of Business

Mailing Address

700 SW 38th Terrace
Fort Lauderdale; Florida; 33312

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

5. FEI Number

65-0392445

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	GERENE Grignon	700 SW. 38 th Terrace, Fort Lauderdale; FL; 33312	Fort Lauderdale / Florida / 33312
V	JANICE KAYE	700 SW. 38 th Terrace	Fort Lauderdale / FL / 33312
			000002338838-- 4 11/05/97--01065--007 ****923.75 ****923.75

8. Name and Address of Current Registered Agent

Gerene Grignon
700 SW 38th terrace,
Fort Lauderdale; Florida; 33312

9. Name and Address of New Registered Agent

Name

JANICE KAYE

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

700 SW. 38th terrace

Suite, Apt. #, Etc.

City

Fort Lauderdale

State

FL

Zip Code

33312

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

Gerene Grignon

REGISTERED AGENT MUST SIGN

Date 10/29/97

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:

Gerene Grignon

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/29/97

Date

(954)-4213319

Daytime Phone #

FILED

97 OCT 31 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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