

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 # 993000029439

1. Corporation Name

Naples Nursing Service, Inc.
130 N. Lammont Trail Suite 130
Naples, Fla 34102

Principal Place of Business

Mailing Address

130 N. Lammont Trail (accounting office)
Suite 130 4700 Forest Rd. Suite 200
Naples, Fla 34102 Edenwald, S.C. 29206

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

4. Date Incorporated or Qualified
To Do Business in Florida

4/20/93

Suite, Apt. #, etc

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

65-0429904

Not Applicable

Zip

Country

Zip

Country

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
Pres.	JACK L. Kilgore	413 Shallowbrook Dr.	Columbia, S.C. 29223
V. Pres.	ANNA J. Kilgore	413 Shallowbrook Dr.	Columbia, S.C. 29223
			500002127895--6 -03/28/97--01130--016 ***915.00 ***915.00
			<u>3/27/97</u>

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Greg C. Kilgore

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

1960 7th St. South

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

33940

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

[Signature] (GREG KILGORE)
REGISTERED AGENT MUST SIGN

Date

3-4-97

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNA J. Kilgore
Anna J. Kilgore

Date

Daytime Phone #

3-4-97 (803) 782-9500

CR2040 (12/96)