

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 DEC 15 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000054663**

1. Corporation Name

GOLDEN CREST RETIREMENT HOME, INC.

300025603543
12/10/03--01053--001 **150.00

REINSTATEMENT 03

2. Principal Office Address

**3091 NW 43RD STREET
LAUDERDALE LAKES FL 33309**

Suite, Apt. #, etc.

N/A

3. Mailing Office Address

SAMS

Suite, Apt. #, etc.

N/A

City & State

LAUDERDALE LAKES FL

City & State

FL

Zip

33309

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/4/93

5. FEI Number

65-0427278

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

DONALD L. RUSSELL

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

3091 NW 43RD STREET

Suite, Apt. #, Etc.

City

LAUDERDALE LAKES

State

FL

Zip Code

33309

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Donald L. Russell

REGISTERED AGENT MUST SIGN

Date

12/10/03

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P.	DONALD L. RUSSELL	3091 NW 43RD ST	LAUDERDALE LAKES FL 33309
S	VENORIS MARTIN E.	3091 NW 43RD ST	LAUDERDALE LAKES FL 33309
VP	GLORIA R. RUSSELL	3091 NW 43RD ST	LAUDERDALE LAKES FL 33309

10. 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:

DONALD L. RUSSELL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OFFICE 954-739-8669

11/16/03 CEI 954-770-7771

Date

Daytime Phone #

CR2E081 (1/02)



Golden Crest Retirement Home Inc.

Where
Quality Care Is Our Aim

11/20/03

Department of State
Division of Corporation
Tallahassee, FL 32314

Attention: Justin M. Shivers

Thank you for your letter dated November 6, 2003. Please be informed that Golden Crest Retirement did not receive a second notice before we were found administratively dissolved. We appreciate your helping us resolve this problem, as we are anxious to be back in good standing.
Thanks for your cooperation.

Donald L. Russell



Administration