

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

97 DEC 30 PM 4:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000063968

1. Corporation Name

Residential Care Corporation

Principal Place of Business

1343 MAIN ST. - Ste 204
SARASOTA, FL 34236

Mailing Address

P.O. Box 297
SARASOTA, FL
34230

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

DO NOT WRITE IN THIS SPACE

2. New Principal Office Address, If Applicable

1343 Main St.

Suite, Apt. #, etc.

Suite 204

City & State

SARASOTA, FL

Zip

34236

Country

USA

3. New Mailing Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

9-3-93

5. FEI Number

65-0434603

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$0.75 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	JOSHUA E. REYNOLDS	1343 MAIN ST. - Ste 204	SARASOTA, FL 34236
			300002393023-0
			01/07/98-01082-018
			***1080.00 ***1080.00
			REINSTATEMENT 95-97
			FL 12-30-97

8. Name and Address of Current Registered Agent

JOSHUA REYNOLDS
1715 Stickney Point Rd
Sarasota, FL 34231

9. Name and Address of New Registered Agent

Name

JOSHUA REYNOLDS

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

1343 MAIN ST.

Suite, Apt. #, Etc.

Suite 204

City

SARASOTA

State

FL

Zip Code

34236

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 12-29-97

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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., and that all fees owed by the corporation have been paid. 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

12-29-97 (941)
954-7750