

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 OCT 14 AM 9:51

DOCUMENT # P93000084764

1. Corporation Name

CENTURY HEALTH CARE INVESTORS OF
JACKSONVILLE, INC.

Principal Place of Business

Mailing Address

887 MACWEN DR
OSPREY, FL 34229

REINSTATEMENT

99

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
P.O. BOX 550

4. Date Incorporated or Qualified
To Do Business in Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

Not Applicable

City & State

City & State
OSPREY, FL

Zip

Country

Zip
34229

Country
FLORIDA

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, T	JOHN F. ROBENALT	887 MACWEN DR.	OSPREY, FL 34229
			600003018786--2 10/19/99--01081--003 ***750.00 ***750.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

THOMAS B. LUZIER
2448 N. TAMiami
NOKOMIS, FL 34275

Name
JOHN F. ROBENALT
Street Address (P.O. Box Number is Not Acceptable)
887 MACWEN DR

Suite, Apt. #, Etc.

City
OSPREY

State

Zip Code

FL 34229

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 10/12/99

11. This corporation owes the current year
Intangible Personal Property Tax due June 30.

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 provided 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

Date

Daytime Phone #

10/13/99 994144164449