

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

00 JUN -9 AM 10:47

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P94000014554

1. Corporation Name

ELDER ACRES, INC.

Principal Place of Business

491 WILLOW LANE SUITE 210 PALM HARBOR FL 34603 US

Mailing Address

BOX 217 PALM HARBOR FL 34682 US

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

2. New Principal Office Address, If Applicable

W. JAMES SMITH

3. New Mailing Office Address, If Applicable

491 WILLOW LN

4. Date Incorporated or Qualified To Do Business in Florida

02/22/1994

SP

5. FEEL Number

59-3231876

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)

Table with 4 columns: Title(s), Name of Officers and/or Directors, Street Address of Each Officer and/or Director, City / State / Zip. Includes entries for Sharon E. Smith and W. James Smith.

8. Name and Address of Current Registered Agent

SMITH, SHARON E. 491 WILLOW LANE PALM HARBOR FL 34603

9. Name and Address of New Registered Agent

Name: W. JAMES SMITH, Street Address: 491 WILLOW LN, City: PALM HARBOR, State: FL, Zip Code: 34603

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 of W. James Smith and REGISTERED AGENT MUST SIGN stamp

Date: 5/9/00

11. 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

Date

Daytime Phone #

CR20040 (6/99)