


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 # **P95000013304**

1. Corporation Name

DANIA BEACH RETIREMENT CENTER, INC.

Principal Place of Business

705
706 SW 4TH TERR AND 713 SW 4th ST
DANIA FL 33004
US

Mailing Address

9978 N SPRINGS WAY
CORAL SPRINGS FL 33076
US

99 JUN -7 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT 98-99

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		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02/13/1995	
City & State		City & State		5. FEI Number	
Zip		Zip		65-0563921	
Country		Country		Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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
PSTD	JADOO, LIONEL N	9978 NORTH SPRINGS WAY	CORAL SPRINGS FL 33076

600002905806-6
-06/15/99--01107--006
****300.00 ****300.00

TB
10-10 041

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
JADOO, LIONEL N 9978 NORTH SPRINGS WAY CORAL SPRINGS FL 33076		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code	

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

Lionel N. Jadoo

REGISTERED AGENT MUST SIGN

Date 6-3-99

11. This corporation owes or has paid 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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Lionel N. Jadoo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-99 954-473-8040

Date Day in Phone #

CR2E040 (9/96)