

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 19 PM 3:37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P95000020340**

1. Corporation Name

**MCCOY HEALTHCARE CENTER, INC.**

Principal Place of Business

918 S STATE RD 7  
MARGATE FL 33068

Mailing Address

318 S STATE RD 7  
MARGATE FL 33068

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT** 97

4. Date Incorporated or Qualified To Do Business in Florida

03/09/1995

5. FEI Number

65-0568560

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)

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
PS	MCCOY, JOHN S	2801 ROCK ISLAND RD. #102	MARGATE FL 33063
VP	MCCOY, KEITH	8815 NW 17 MANOR	CORAL SPRINGS FL 33071

400002380154-7  
-12/23/97-01033-014  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

MCCOY, JOHN S  
2801 ROCK ISLAND RD #102  
MARGATE FL 33063

9. Name and Address of New Registered Agent

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

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

Date

12/18/97

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:

*[Handwritten Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Pres John S McCoy

Date

12/18/97 (954)255-9961

Daytime Phone #

CP2E040 (8/97)