PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

ARTICLES OF ~~APPLICATION~~ FOR REINSTATEMENT

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

FILED
98 JAN 16 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000034428

1. Corporation Name

ORANGE TERRACE RETIREMENT CENTER, INC.

Principal Place of Business	Mailing Address
2110 KAROLINA AVENUE WINTER PARK FL 32789	2110 KAROLINA AVENUE WINTER PARK FL 32789

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 04/27/1995

5. FEI Number: ~~59-3350128~~ APPLIED FOR ~~59-3350128~~ ☐ 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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers) 3	City / State / Zip 4
A	REIDMAKKAR, ZIOLA	2110 REIDMAKKAR	WINTER PARK FL

200002406482--4
-01/21/98--01055--002
****315.00 ****315.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
REID-MAKKAR, ZOILA 2110 KAROLINA AVENUE WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City / State FL / Zip Code

CR2E040 (8/97)

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 Zoila Reid-Makkar Date 12/19/97
REGISTERED AGENT MUST SIGN

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: Zoila Reid-Makkar ZOILA REIDMAKKAR 12/19/97 407-740-7326
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

(2)

Orange Terrace Retirement, Inc.

LICENSE No. B022182
Family Style Atmosphere / Zolla Reidmarkkar, Administrator
Semi-Private & Private Rooms / Full Time Care
2110 Karolina Avenue, Winter Park, Florida 32789
Phone (407) 740-7326

12/30/97

Sirs/madam -

Enclosed is a completed application for reinstatement of my status as a corporation
I did not receive my annual report and so was not aware of the dissolution
As per our telphone conversation on 12/29/97 enclosed is the fee of three hundred and fifteen dollars $315.00
I had been ill, and Law NP made money this year
Please consider my application as soon as possible

I am
Respectfully
Zolla Reidmarkkar
Administrator