

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # 795000039087

1. Corporation Name

Southern Hospice Care, Inc.

Principal Place of Business

Mailing Address

1110 N. Chalkville Rd #136
Trussville, AL 35173

1110 N. Chalkville Rd #136
Trussville, AL 35173

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

May 17, 1995

5. FEI Number

593323600

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
P/T	Michael J. Pardy	324 East Beach Drive #103	Panama City, FL 32401
S	Joan M. Braun	324 East Beach Drive #103	Panama City, FL 32401
D	Guy D. Hoagland	801 Inverness Avenue	Melbourne, FL 32940

REINSTATEMENT 48-00 TS

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Name

Michael J. Pardy

Street Address (P.O. Box Number is Not Acceptable)

324 East Beach Drive #103

Suite, Apt. #, Etc.

City

Panama City

State

FL

Zip Code

32401

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

Michael J. Pardy

REGISTERED AGENT MUST SIGN

Date

12-29-99

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Michael J. Pardy

Michael J. Pardy

12-29-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (12/98)