

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
AND
FILED

Rg. lcat

00 JUL 17 PM 4:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # **Pa5 000052833**

1. Corporation Name

Kiser Family Care Company

2. Principal Office Address

7698 Santa Margherita Way

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Zip
34109

Country
USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

7-10-95

5. FEI Number

65-0604233

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code
32301

REINSTATEMENT

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

BRIAN COURTNEY, ASST. V.P.

REGISTERED AGENT MUST SIGN

Date

7/17/2000

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Dir.	Curtis Freeland	5105 Monroe Road	Charlotte, NC 28205
Dir.	Brenda Peterson	7698 Santa Margherita Way	Naples, FL 34109

100003325631--3

10. 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

Curtis Freeland CURTIS FREELAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/17/2000

Date

Daytime Phone #

CR2E081 (9/99)

KG. 2011



ACCOUNT NO. : 072100000032

REFERENCE : 766325 118517A

AUTHORIZATION

Patricia Piziks

COST LIMIT : \$ 908.75

ORDER DATE : July 17, 2000

ORDER TIME : 3:13 PM

ORDER NO. : 766325-005

CUSTOMER NO: 118517A

CUSTOMER: Robert W. Bivins, Esq
Fuller Holsonback & Bivins
Suite 2650
100 N. Tampa Street
Tampa, FL 33602

DOMESTIC FILINGS

NAME: KISER FAMILY CARE COMPANY

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney

EXAMINER'S INITIALS

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

RECEIVED
00 JUL 17 PM 3:56