

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 AUG -9 AM 10:14

DOCUMENT # P95000057655

1. Corporation Name

Colonial Health Care Services INC.

Principal Place of Business

Mailing Address

1619 So Andrews Ave
Ft Lauderdale FL 33316

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

4/18/96

5. FEI Number

65-0597516

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
President	Yoval Levy	5492 Fox Hollow Dr	Boca Raton FL 33486

100002969931--0
-08/25/99--01075--001
***300.00 ***300.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

Yoval Levy
5492 Fox Hollow Dr.
Boca Raton, FL 33486

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

REGISTERED AGENT MUST SIGN

Date

8/3/99

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

7.20.99

Daytime Phone #

CP22031 (12/98)

Colonial Healthcare Services, Inc.
1619 South Andrews Avenue
Fort Lauderdale, Florida 33316
(954) 764-3322

2

July 22, 1999

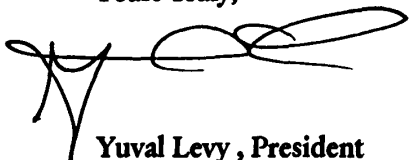
Florida Department Of State
Division of Corporations
P.O. Box 6327
Tallahassee, Fl 32314

Dear Sir/Madame,

We are requesting that the re instatement fees be waived because we were not given any notification for the year(s) of 1998 and 1999. Please find enclosed a check for \$300.00 three hundred dollars for 1998 and 1999 annual reports. The re statement application is as well, enclosed.

We thank you for your assistance in this matter.

Yours Truly,



Yuval Levy , President
Colonial Health Care Services Inc.