

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000045708**

1. Corporation Name

Golden Girls Nurse Registry, Inc.

2. Principal Office Address - No P.O. Box #

12230 Forest Hill Blvd.

3. Mailing Office Address

12230 Forest Hill Blvd.

Suite, Apt. #, etc.

Suite. 174

Suite, Apt. #, etc.

Suite. 174

City & State

Wellington, FL

City & State

Wellington, FL

Zip

33414

Country

USA

Zip

33414

Country

USA

REINSTATEMENT

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

5/30/1996

5. FEI Number

65-0677441

☐ 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

Margaret E. Wilson

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

12230 Forest Hill Blvd.

Suite, Apt. #, Etc.

Suite. 174

City

Wellington, FL

State

FL

Zip Code

33414

600214664326
11/28/11--01060--002 **750.00

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

Margaret E. Wilson

Date **11/23/11**

REGISTERED AGENT MUST SIGN

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
President	Margaret E. Wilson	12230 Forest Hill Blvd. Suite. 174	Wellington, FL 33414
Treasurer	Margaret E. Wilson	12230 Forest Hill Blvd. Suite. 174	Wellington, FL 33414
Secretary	Margaret E. Wilson	12230 Forest Hill Blvd. Suite. 174	Wellington, FL 33414

10. E-mail Address:

(To be used for future annual report notification)

11. 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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

Margaret E. Wilson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/23/11

Date

561-751-5167

Daytime Phone #