

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED  
AND  
FILED

1997 DEC 16 PM 3:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400002375404-- 3  
-12/17/97--01093--008  
\*\*\*\*750.00 \*\*\*\*750.00

**APPLICATION FOR REINSTATEMENT**

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

**DOCUMENT #** P96000053760

1. Corporation Name

ACLF Communities, Inc.

Principal Place of Business

Mailing Address

2450 Lewis Street  
Melbourne, FL 32901

same

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

5. FEI Number

65-0674-794

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/D	Robert Digiaco	2450 Lewis Street	Melbourne, FL 32901
VP/S D	Richard C. Lawten	115 East Cross Road	New Canaan, CT 06840

**REINSTATEMENT**

*12/10/97*

8. Name and Address of Current Registered Agent

Jack Reinemeyer  
2550 26th Street W.  
Brandenton, FL 34205

9. Name and Address of New Registered Agent

Name

Curtis R. Mosley

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

1221 East New Haven Avenue

Suite, Apt. #, Etc.

City

Melbourne,

State

FL

Zip Code

32901

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

*12/10/97*

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. 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:

Robert Digiaco

*Robert Digiaco*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

407-724-4002  
Daytime Phone #

CR250-040 (12-96)