

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000066418

1. Corporation Name

GOOD SAMARITAN HOLDINGS CORP.

Principal Place of Business

2725 ROBIE AVE  
MT DORA FL 32757  
US

Mailing Address

P O BOX 1196  
MT DORA FL 32756-1196  
US

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

08/06/1996

5. FEI Number

59-3429845

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	
1	2	3	4
D	BANAGO, DANILO	2725 ROBIE AVE	MOUNT DORA FL 32727
D	BANAGO, LENY M	2725 ROBIE AVE	MOUNT DORA FL 32757
D	MARTIN, ARTEMIO A	2725 ROBIE AVE	MOUNT DORA FL 32757
D	MARTIN, AURORA M	2725 ROBIE AVE	MOUNT DORA FL 32757

8. Name and Address of Current Registered Agent

MARTIN, AURORA  
2725 ROBIE AVE.  
MOUNT DORA FL 32725

9. Name and Address of New Registered Agent

Name  
CAESAR EVANGELISTA  
Street Address (P.O. Box Number is Not Acceptable)  
2725 ROBIE AVE.  
Suite, Apt. #, Etc.

City MOUNT DORA

State FL

Zip Code 32757

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

10/16/01

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., 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/16/01

Daytime Phone #

352-735-1144

FILED

01 OCT 24 PM 5:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

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