

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

APPROVED  
AND  
FILED

98 NOV 30 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000080150

1. Corporation Name

HEALTH CARE CENTER OF TAMPA, INC.

Principal Place of Business

1601 W REYNOLDS ST  
PLANT CITY FL 33567  
US

Mailing Address

6203 TURNWOOD DR.  
JAMESVILLE NY 13078

SBK

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

09/26/1996

5. FEI Number

16-1525428

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 3 (Do NOT Use Post Office Box Numbers)	City / State / Zip 4
<del>VP/D</del>	<del>KHAN, RASHID</del>	6203 TURNWOOD DR.	JAMESVILLE NY 13078
VP/D	SAQIB. B. Khan	1601 W Reynolds St. Suite 101 B Plant City FL	Plant City FL 33567

700002703717--8  
-12/04/98--01100--009  
\*\*\*\*750.00 \*\*\*\*750.00

8. Name and Address of Current Registered Agent

WOLFE, LARRY  
200-A JOHN KNOX RD.  
TALLAHASSEE FL 32303-6643

9. Name and Address of New Registered Agent

Name  
SAQIB. B. KHAN  
Street Address (P.O. Box Number is Not Acceptable)  
1601 W Reynolds St.  
Suite, Apt. #, Etc.  
Suite 101 B Plant City FL  
City  
Plant City  
State Zip Code  
FL 33567

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

S.B. Khan **REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/16/98

11. This corporation owes or has paid 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:

S.B. Khan **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/16/98 813-719-9244

CR2E040 (9/98)