

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED

00 NOV 13 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000089845

1. Corporation Name

HEALTH FIRST ASSISTED LIVING, INC.

Principal Place of Business

8249 DEVEREUX DR
MELBOURNE FL 32940
US

Mailing Address

8249 DEVEREUX DR
MELBOURNE FL 32940
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

4. Date Incorporated or Qualified
To Do Business in Florida

10/29/1996

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-3453779

Applied For

Not Applicable

City & State

City & State
Boynton Beach, FL

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

Zip

Country

Zip

33426

Country

USA

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

100003491541-2

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City/State/Zip 4
P	GARRISON, LARRY	8249 DEVEREUX DR	MELBOURNE FL 32940
VS	JOHNSON, GEORGE Uri Rubin	5100 WHELLIS DR STE 106 1301 N. Congress Ave #130	MEMPHIS TN 38117 Boynton Beach, FL 33426
D	MOONEY, JERRY Dennis Wagner	3839 FOREST HILL IRENE RD 1301 N. Congress Ave #130	MEMPHIS TN 38157 Boynton Beach, FL 33426
D	TESTER, DAVID	3839 FOREST HILL IRENE RD	MEMPHIS TN 38125
D	BUSSEN, BRIAN	8249 DEVEREUX DR	MELBOURNE FL 32940
D	BUNKER, STEVE	1350 SOUTH HICKORY ST	MELBOURNE FL 32901

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

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

Suite, Apt. #, Etc.

City

State
FL

Zip Code

78

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

Barbara A. Burke
REGISTERED AGENT MUST SIGN

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11-8-00

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/3/00
Date

561-735-0075
Daytime Phone #