

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

102

DOCUMENT # P97000019285

1. Corporation Name

GERIATRIC CARE MANAGEMENT AND COUNSELING SERVICE, INC.

Principal Place of Business

Mailing Address

~~8830 S.W. 123 COURT~~  
~~I-207~~  
~~MIAMI FL 33186~~

~~8830 S.W. 123 COURT~~  
~~I-207~~  
~~MIAMI FL 33186~~

98 NOV 19 AM 9:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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

1550 N.E. MIAMI GARDENS DR.

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SECOND FLOOR

CITY & STATE  
NORTH MIAMI BEACH, FLORIDA

CITY & STATE

Zip  
33179

Country  
USA

Zip

Country

4. Date Incorporated or Qualified  
To Do Business In Florida

03/03/1997

5. FEI Number

65-0739886

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
D	YARNOLD, MARK S	8830 S.W. 123 COURT, SUITE I-207	MIAMI FL 33186

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

YARNOLD, MARK S  
8830 S.W. 123 COURT  
I-207  
MIAMI FL 33186

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

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

*Mark S. Yarnold* **REQUIRED**

Date 11-14-98

REGISTERED AGENT MUST SIGN

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)(f), 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:

*Mark S. Yarnold* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11-14-98 305-270-0130

CR2E040 (8/93)

MARK S. YARNOLD, L.C.S.W.

8830 S.W. 123 Ct. #1-207  
Miami, Florida 33186

Services To Older Adults  
Office (305) 270-0130  
Beeper (305) 529-8099

November 14, 1998

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: GERIATRIC CARE MANAGEMENT AND COUNSELING INC.  
Document # P97000019285

To whom it may concern:

I recently received your notice of dissolution and am quite concerned. I do not recall receiving your initial request for my corporate fee and have been in contact with your office about this and I was advised to send a letter explaining the non-payment. I will be aware of its next arrival next January.

Thank you for your cooperation.

Sincerely,



Mark S. Yarnold LCSW

encl. \$150 check for corporate fee.