

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

04 JUL -8 AM 9:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000026805

**1. Corporation Name**

CARING HEARTS OF LAKE MARY, INC.

**2. Principal Office Address**

2711 REW CIRCLE

Suite, Apt. #, etc.

SUITE D

City & State

OCOEES FL

Zip Country

34761 USA

**3. Mailing Office Address**

111 BEACHCOMBER DR

Suite, Apt. #, etc.

City & State

SAINT LOUIS, MO

Zip Country

63146 USA

**REINSTATEMENT** 03-04

**4. Date Incorporated or Qualified  
To Do Business in Florida**

3/25/1997

**5. FEI Number**

59-3435255

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

TONY TALBERT

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

2711 REW CIRCLE

Suite, Apt. #, Etc.

SUITE D

City

OCOEES

State

FL

Zip Code

34761

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

Vincent A. Accardi

Date 7/6/04

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President	Vincent Accardi	111 BEACHCOMBER DRIVE	SAINT LOUIS, MO
Director			63146

**10. 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)(l), 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:

Vincent A. Accardi

7/6/04

(314) 780-9188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2012

**POHL & SHORT, P.A.**  
ATTORNEYS AT LAW

DWIGHT I. (IKE) COOL  
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WINTER PARK, FLORIDA 32790

COURIER ADDRESS:  
280 WEST CANTON AVENUE, SUITE 410  
WINTER PARK, FLORIDA 32789

July 6, 2004

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

Re: Reinstatement of Caring Hearts of Lake Mary, Inc.  
Our File No.: 6173-1

Dear Sir or Madam:

Enclosed is an Application for Reinstatement along with our check no. 102588 in the amount of \$450.00 to cover the reinstatement and filing fees for 2002, 2003 and 2004. All such Annual Reports were previously returned because of an incorrect address to the Department of State

Thank you for your assistance with this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,

Gary A. Forster

GAF/aa

Enclosures

cc: David J. Kohs, Esq.