

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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



AND
 FILED
 99 JAN -4 PM 5:19
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P97000034114

1. Corporation Name

ELDERSERVE, INC. OF THE SUNCOAST

Principal Place of Business Mailing Address

66 JASPER STREET EAST 66 JASPER STREET EAST
 LARGO FL 33770 LARGO FL 33770



REINSTATEMENT

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	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/16/1997	
City & State		City & State		5. FEI Number	
Zip		Country		59-344122?	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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 (Do NOT Use Post Office Box Numbers)	City / State / Zip
Ch/P	Patricia K. Sovonick	66 Jasper St. NE.	Largo, FL. 33770
V/P	Michael E. Davis	2502 Ainslee St.	Chicago, FL. 60625

8000002730408--0
 -01/05/99--01055--001
 ****750.00 ****750.00

12/1/98

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SOVONICK, PATRICIA K 10225 ULMERTON ROAD #7C LARGO FL 33771	Name		
	Street Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt. #, Etc.		
	City	State	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 [Signature] **REGISTERED AGENT MUST SIGN** Date 12-29-98

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: [Signature] **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Patricia K. Sovonick Date 12-29-98 Daytime Phone # 722-559-0915

CR20040 (9/98)