

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P97000052105

1. Corporation Name

GOOD SAMARITAN CARE CENTERS OF MT. DORA, INC.

Principal Place of Business

2725 ROBIE AVE  
MT DORA FL 32757

Mailing Address

P O BOX 1196  
MT DORA FL 32756-1196  
US

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

06/12/1997

5. FEI Number

59-3464040

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	City / State / Zip 4
D	MARTIN, AURORA	2725 ROBIE AVE.	MT DORA FL 32757

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MARTIN, AURORA  
2725 ROBIE AVE.  
MT. DORA FL 32757

Name CAESAR EVANGELISTA

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

2725 ROBIE AVE.

Suite, Apt. #, Etc.

City Mount DORA

State  
FL

Zip Code  
32757

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

REGISTERED AGENT MUST SIGN

Date 10/16/01

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAESAR EVANGELISTA

VICE PRESIDENT

10/16/01

Date

352-735-1144

Daytime Phone #