

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

DOCUMENT # P97000087080

1. Corporation Name

SENIORS WAY, INC.

Principal Place of Business

1866 MAPLE LEAF DRIVE  
WINDERMERE FL 34786

Mailing Address

1866 MAPLE LEAF DRIVE  
WINDERMERE FL 34786

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

10/08/1997

5. FEI Number

59-3520844

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	4. City / State / Zip
D	SWANSON, CARMEN M	1866 MAPLE LEAF DRIVE	WINDERMERE FL 34786

300003076573--6  
-12/21/99--01055--012  
\*\*\*\*750.00 \*\*\*\*750.00

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8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

SWANSON, CARMEN M  
1866 MAPLE LEAF DRIVE  
WINDERMERE FL 34786

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

Carmen M. Swanson  
REGISTERED AGENT MUST SIGN

Date 11/12/99

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: Carmen M. Swanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Carmen M. Swanson

10/15/99 (407) 518-0470  
Date Daytime Phone #

CR20540 (8/99)