

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED

00 FEB 10 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P98000030469

1. Corporation Name

NURSE CARING CENTERS, INC.

Principal Place of Business

620 MCKENZIE AVENUE  
PANAMA CITY FL 32401

Mailing Address

620 MCKENZIE AVENUE  
PANAMA CITY FL 32401

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

04/26/99 90038028 \$150

4. Date Incorporated or Qualified  
To Do Business in Florida

03/30/1998

5. FEI Number

59-3508116

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
Pres.	Christine Bell Sweetser <del>XXXXXXXXXXXXXXXXXXXX</del> <del>XXXXXXXXXXXXXXXXXXXX</del>	830 Florida Avenue	Lynn Haven, FL 32444
Sec/ Trea.	Matthew G. Sweetser	830 Florida Avenue	Lynn Haven, FL 32444

REINSTATEMENT

SP

8. Name and Address of Current Registered Agent

HUTTO, BILL R  
620 MCKENZIE AVENUE  
PANAMA CITY FL 32401

9. Name and Address of New Registered Agent

Name

02/16/00-01006-028

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

\*\*\*750.00 \*\*\*750.00

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date

2/8/00

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:

*Christine Bell Sweetser*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Christine Bell Sweetser

Date

02/08/00

Daytime Phone #

850/763-0723