

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

01 APR 30 AM 11:25

DOCUMENT # P98000072588

1. Corporation Name

FAMILY CARE CENTER OF BROOKSVILLE, P.A.

2. Principal Office Address

44 VETERANS AVENUE

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34601

Country

3. Mailing Office Address

44 VETERANS AVENUE

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

Zip

34601

Country

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

08/19/98

5. FEI Number

59-3527321

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 00-01

7. Name and Address of Current Registered Agent

Name

JACOBS, JERRY R.

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

44 VETERANS AVENUE

Suite, Apt. #, Etc.

City

BROOKSVILLE,

State

FL

Zip Code

34601

900004212609-5

05/11/01-0111-013

***900.00 **900.00

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 *J. Jacobs*

REGISTERED AGENT MUST SIGN

Date *4/27/01*

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
DPST	JACOBS, JERRY R.	44 VETERANS AVENUE	BROOKSVILLE, FL 34601

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)(f), 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: *J. Jacobs*

JERRY R. JACOBS

Date *4/27/01*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2001 (9/00)