

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 30 AM 11:29

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # P98000092479

1. Corporation Name

Senior Care Partners, Inc.

2. Principal Office Address

2429 University Blvd. W.

Suite, Apt. #, etc.

Suite

City & State

Jacksonville, FL

Zip

32217

Country

USA

3. Mailing Office Address

2429 University Blvd. W.

Suite, Apt. #, etc.

Suite 1

City & State

Jacksonville, FL

Zip

32217

Country

USA

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

10/30/97

5. FEI Number

65-0875716

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required
for a Certificate of Status**

7. Name and Address of Current Registered Agent

Name

Dena R. Howard

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

10442 Spindrifft Lane

Suite, Apt. #, Etc.

000004192380-6

-05/10/01-01017-010

****1050.00 ***1050.00*

City

Jacksonville

State

FL

Zip Code

32257

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

Dena R. Howard

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
<i>Pres.</i>	<i>Dena R. Howard</i>	<i>10442 Spindrifft Lane Jacksonville, FL</i>	<i>Jacksonville, FL 32257</i>

REINSTATEMENT 99-01178

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)(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:

Dena R. Howard

Dena R. Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/27/01

Daytime Phone #

904-636-0550