

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

02 JUN 24 AM 11:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

DOCUMENT # P99000067706

1. Corporation Name

WATERCREST NURSING AND REHABILITATION CENTER, INC.

Principal Place of Business

Mailing Address

16650 WEST DIXIE HIGHWAY  
 NORTH MIAMI BEACH FL 33160

16650 WEST DIXIE HIGHWAY  
 NORTH MIAMI BEACH FL 33160

**REINSTATEMENT**



0102

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

4. Date Incorporated or Qualified To Do Business in Florida

07/30/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0937361

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

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)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PSTD	SHAULSON, ABRAHAM	1111 KANE CONCOURSE	BAY HARBOR FL 33154
			300006118453--4 -07/01/02--01039--015 ****158.75 ****158.75
			300006118453--4 -07/01/02--01039--016 ****750.00 ****750.00

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134

9. Name and Address of New Registered Agent

Name Elite Healthcare Management LLC  
 Street Address (P.O. Box number is Not Acceptable) 1111 Kane Concourse  
 Suite, Apt. #, Etc. 301  
 City Bay Harbour State FL Zip Code 33154

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

*[Handwritten Signature]*  
 REGISTERED AGENT MUST SIGN

Date

4/14/02

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:

*[Handwritten Signature]* A Klein

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/02 (305) 864-4191

Date Daytime Phone #

CR2E040 (8/01)