

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # P99000084304

1. Corporation Name

NURSES' CARE ALF, INC.

Principal Place of Business

Mailing Address

8303 N 46TH STREET
TAMPA FL 33617

8303 N 46TH STREET
TAMPA FL 33617

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

8701 N 34th ST
Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

8701 N 34th ST
Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33604

Country

USA

Zip

33604

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

09/20/1999

5. FEI Number

59-3601144

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)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	DE GUZMAN ESTRADA, AMY	8303 N 46TH STREET	TAMPA FL 33617
D	ESTRADA, FRANK	8303 N 46TH STREET	TAMPA FL 33617

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

DE GUZMAN ESTRADA, AMY
8303 N 46TH STREET
TAMPA FL 33617

Name

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

Suite, Apt. #, Etc.

City

State

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 REQUIRED

Date

10/16/00

REGISTERED AGENT MUST SIGN

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.

AMY D. ESTRADA

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

10/16/00 (813) 914-9501

(2)

Nurses' Care ALF, Inc.
Amy D. Estrada, R.N.
8701 North 34th Street
Tampa, FL 33604
October 20, 2000


Florida Department of State
ATTN: Katherine Harris, Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Kathy,

In regards to your notice of Administrative Dissolution dated on September 22, 2000, pursuant to our telephone conversation on October 18, 2000, I hereby request a waiver of Administrative Dissolution. In March 26, 2000, I filed with your office a uniform business report for the year 2000 and sent a check, #1036, in the amount of \$158.75 for the filing fee and for the certificate of status. Unfortunately, I failed to put my Federal I.D. tax number, 59-3601144, on the application which I submitted. Since I have not received a response concerning my certificate of status, I am writing to request that my previous filing fee, which I have paid, be applied to my current filing fee.

Thank you very much for your assistance!

Sincerely,



Amy D. Estrada, R.N.
Administrator