

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR

2000-UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED

00 NOV 20 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P99000091818

1. Corporation Name

J.C. NICHOLS, INC.

Principal Place of Business

Mailing Address

1101 GULF BREEZE PKWY  
GULF BREEZE FL 32561

1101 GULF BREEZE PKWY  
GULF BREEZE FL 32561

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

10/19/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

Applied For

City & State

City & State

59-3602215

Not Applicable

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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PTD	HOWELL, CARLETTE	1101 GULF BREEZE PKWY	GULF BREEZE FL 32561
S	HOWELL, BILL	1101 GULF BREEZE PKWY	GULF BREEZE FL 32561

200003505722-1  
-12/19/00-01052-021  
\*\*\*\*150.00 \*\*\*\*150.00

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

HOWELL, CARLETTE N  
1101 GULF BREEZE PKWY  
GULF BREEZE FL 32561

Name

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

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

*Carlette N. Howell*

REGISTERED AGENT MUST SIGN

Date 11-16-2000

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:

*Carlette N. Howell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Carlette N. Howell*

Date

Daytime Phone #

11-16-2000 850-

916-9162

## Home Instead Senior Care

1101 Gulf Breeze Pkwy  
Gulf Breeze, FL 32561  
Santa Rosa

Phone 850-916-9162  
Fax 850-934-0725  
Email Carlette5@AOL.com

November 16, 2000

Katherine Harris  
Secretary of State  
PO Box 6327  
Tallahassee, FL 32314

Dear Ms. Harris,

I have never received any other application for renewal. This application that requires \$750.00 to reinstate is way out of my price line. I am a new business owner and still struggling to make ends meet. I just talked to a gentleman in this office and he told me to enclose a check for \$150.00 and explain my situation.

I am working very hard to make my business a success and this is one expense I really can not afford. Please consider the fact that this is the first bit of information I received regarding renewal.

I appreciate any help you can give me in reinstating my company at the \$150.00 price.

Sincerely,



Carlette Howell  
Owner