

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V54712

1. Corporation Name

AMERICARE SCHOOL OF NURSING INC.

Principal Place of Business

7275 ESTAPONA CIRCLE
FERN PARK FL 32730

Mailing Address

ABC TRAINING CENTERS OF AMERICA, INC
BOX 511028
MELB BEACH FL 32951

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

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/28/1992

5. FEI Number

59-3135811

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) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	NEWMAN, GERALD	3045 S. AIA	MELBOURNE BEACH FL 32951
VST	NEWMAN, SUSAN	3045 S. AIA	MELBOURNE BEACH FL 32951

8. Name and Address of Current Registered Agent

NEWMAN, GERALD
3045 S. AIA
#501
MELBOURNE BEACH FL 32951

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

11/1/02

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E040 (8/02)

20f2

AMERICARE SCHOOL OF NURSING, INC.

P.O. BOX 511028
MELBOURNE BEACH, FL 32951-1028
(321) 626-6222

October 31, 2002

State of Florida
Division of Corporations
Annual Report/Reinstatement Section
P.O. Box 6327
Tallahassee, Florida 32314-6327

RE: Application for Reinstatement
Document V54712
59-3135811

Gentlemen:

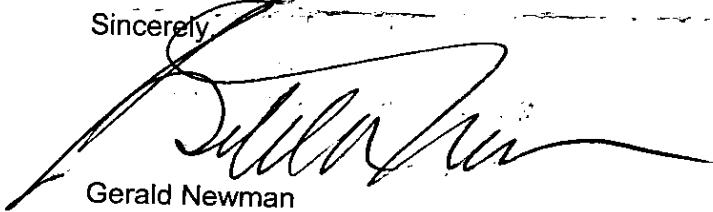
Enclosed please find our Application for Reinstatement along with our check for \$ 158.75 for our 2002 Uniform Business Report and a certificate of status. I am in the habit of mailing copies of all correspondence that I receive from the various taxing authorities to my accountant. After reading these and researching her file, she advises me on which require a response, how to respond, and if a payment is required. Neither of us has a record of receiving the 2002 Uniform Business Report.

I have recently relocated my principal place of business, which may explain why I did not receive the report. I was unaware of the need to file this annual report, although I have filed all the reports that I received for prior years on time. My failure to file was an inadvertent error on my part, and not a purposeful disregard of your requirements.

I respectfully request that you waive all penalties associated with my inadvertent mistake.

Thank you for your consideration and prompt attention to this matter.

Sincerely,



Gerald Newman
President

Enc.