PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 DEC -3 AM 9:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # V62119

1. Corporation Name
JEFFERSON MANOR, INC.

Principal Place of Business	Mailing Address
827 SOUTH SPRING GARDEN AVENUE DELAND FL 32720	827 SOUTH SPRING GARDEN AVENUE DELAND FL 32720

REINSTATEMENT 96CW

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
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida: 09/04/1962

5. FEI Number: 59-3156798 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
PD	BERNER, JEAN	126 N SHERIDAN AVE.	DELAND FL
STD	HELMS, BARBARA	~~1919 S WOODLAND BLVD.~~ 1459 Canary Drive	DELAND FL
D	SMITH, C.F. BROOKE	SUMMERLAND	SANFORD FL
D	SANFORD, CHARLES	1403 W WINNEMISSETT AVE.	DELAND FL
D	BERNER, GEORGE R.	100 FRAZER AVE.	COLLINGWOOD NJ
D	HOPPI, PATRICIA	383 BLAINE AVE.	W BERLIN NJ

8. Name and Address of Current Registered Agent

BERNER, JEAN
126 N SHERIDAN AVE.
DELAND FL 32720

Jean H Berner (PRES)

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, Etc.
City / State / Zip Code

500002019185--9
12/04/96 01041 025
****375 FL ****375.00

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: Barbara S. Helms (SIGNATURE REQUIRED)
REGISTERED AGENT MUST SIGN
Jean H Berner (PRES) 11-26-96
Date: 11/18/96

11. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

12. 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: X Barbara S. Helms (SIGNATURE REQUIRED) 11/1/96 904-738-0025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEAN H BERNER (PRES) 11-26-96 904-738-0025