

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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DOCUMENT # **N96000006524**

1. Corporation Name

STUDENTS FOR COMMUNITY ASSISTANCE REGARDING THE ELDERLY, INC.

Principal Place of Business

Mailing Address

212 BLANDING BOULEVARD
 ORANGE PARK FL 32073

212 BLANDING BOULEVARD
 ORANGE PARK FL 32073



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

REINSTATEMENT

2. New Principal Office Address, If Applicable		3. New Mailing Office Address, If Applicable		4. Date Incorporated or Qualified To Do Business in Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/23/1996	
City & State		City & State		5. FEI Number	
Zip		Country		59-3422420	
				Applied For	
				Not Applicable	
				6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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	SAMARA, KARIM	212 BLANDING BOULEVARD	ORANGE PARK FL 32073
D	SHAH, ANJAN	722 COMMONWEALTH AVE APT 5-C	BOSTON MA 02215
D	CHABRA, RINA	184 NAPLES ROAD #4	BROOKLINE MA 02146

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8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
AKEL, EDWARD C 1 INDEPENDENT DRIVE SUITE 2301 JACKSONVILLE FL 32202		Name DAVID SAMARA	
		Street Address (P.O. Box Number is Not Acceptable) 212 BLANDING BLVD	
		Suite, Apt. #, Etc.	
		City ORANGE PARK	State FL
		Zip Code 32073	

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: 10-27-00

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.

SIGNATURE: SIGNATURE REQUIRED Date: 10/27/00 Daytime Phone #: 9042727500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED4D (8/00)