PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR 15 AM 8:58

DOCUMENT # 748079

1. Corporation Name

The Laurels at Margate

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03/14/11--01064--003 **245.00

CR2E081 (11/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
340 W. Laurel Drive	340 W. Laurel Drive
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: Margate, FL	City & State: Margate, FL
Zip: 33063 / Country: Broward	Zip: 33063 / Country: Broward

4. Date Incorporated or Qualified To Do Business in Florida: 07/16/1979

5. FEI Number: 591924418 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Becker & Poliakoff, PA

Street Address (P.O. Box Number is Not Acceptable): 2255 Glades Road

Suite, Apt. #, Etc.: Suite 300E

City: Boca Raton | State: FL | Zip Code: 33431

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Robert Becker, Attorney — Date: 3/10/11

REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	Dorothy Rudy	360 East Laurel Drive, #F8	Margate, FL 33063
VP	Sheldon Etter	172 West Laurel Drive	Margate, FL 33063
T	Maribell Rodrigues	203 East Laurel Drive	Margate, FL 33063
S	Teri Sue Ebert	380 East Laurel Drive	Margate, FL 33063
D	Richard Nappi	310 West Laurel Drive	Margate, FL 33063
D	Beth Cleary	158 West Laurel Drive	Margate, FL 33063

10. **E-mail Address:** _____
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: DOROTHY RUDY PRES — Dorothy Rudy — 3-11-11 — 954-979-4430

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

3/15/11