PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
03 JUN -3 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002268

1. Corporation Name

TAMPA BAY RETIREMENT CENTERS, INC.

Principal Place of Business	Mailing Address
1514 EAST CHELSEA ST TAMPA FL 33610 US	1514 EAST CHELSEA ST TAMPA FL 33610 US

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

02-03

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: 05/03/1994

5. FEI Number: 74-2382236 — 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
~~PD~~	~~MUDGE, ROBERT~~	~~335 GALAHAD RD~~	~~HUDSON WI 54016~~
VPD	RORVICK, FRANK	866 STRAWBERRY DRIVE	HUDSON WI 54016
STD	LEASUM, ROBERT	50862 12TH STREET	OSSEO WI 54758
PD	ANTHONY MELKEY	1427 MULBERRY DR	TAMPA, FL 33604

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8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
LANCASTER, ROBERT J 360 CENTRAL AVE 11TH FLOOR SAINT PETERSBURG FL 33701	Name: BART WYATT Street Address (P.O. Box Number is Not Acceptable): 100 SECOND AVE SOUTH Suite, Apt. #, Etc.: SUITE 901 S City: ST. PETERSBURG — State: FL — Zip Code: 33701

CR2E040 (8/02)

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: Bart Wyatt — Date: 4/24/03
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: X ANTHONY MELKEY 4.24.03 — 813-935-2738
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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