

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

F98000002108

APPLICATION
FOR
REINSTATEMENT



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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

02 DEC 20 PM 2:38 *12/20*

DOCUMENT # **F98000002108**

1. Corporation Name

SUMMERVILLE SENIOR LIVING, INC.

REINSTATEMENT 2002

Principal Place of Business

3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON CA 94583

Mailing Address

3000 EXECUTIVE PARKWAY
SUITE 530
SAN RAMON CA 94583

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

04/14/1998

5. FEI Number

54-1789198

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
D	GARDNER, HOWARD M M.D.	5285 SHAWNEE RD, STE 401	ALEXANDRIA VA 22312
PCEO	GRANGER, GOBO COBB	3000 EXECUTIVE PKWY SUITE 530	SAN RAMON CA 94583
G	KEIMBOLD, ARTHUR	3000 EXECUTIVE PKWY SUITE 530	SAN RAMON CA 94583
D	KOENIG, STUART	1301 AVENUE OF THE AMERICAS 38TH	NEW YORK NY 10019
D	BENJAMIN, BILL	1301 AVENUE OF THE AMERICAS 38TH	NEW YORK NY 10019
D	ACKERMAN, RICHARD	1999 AVENUE OF THE STARS #1900	LOS ANGELES CA 90067

8. Name and Address of Current Registered Agent

HIQ CORPORATE SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301

REINSTATEMENT 2002

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. In 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]
REGISTERED AGENT MUST SIGN

[Signature] Corp. Secretary

Date

12/19/2002

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

Dec. 18, 2002

Date

Daytime Phone #

(925) 860-1999

CR2ED40 (8/02)