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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H42948

REINSTATEMENT 03

1. Corporation Name
Tecton Management Services, Inc.

2. Principal Office Address	3. Mailing Office Address
300 Biscayne Blvd. Way	300 Biscayne Blvd. Way
Suite, Apt. #, etc. Suite 1100	Suite, Apt. #, etc. Suite 1100
City & State Miami, FL	City & State Miami, FL
Zip 33131 Country US	Zip 33131 Country US

4. Date Incorporated or Qualified To Do Business in Florida 02/18/1985

5. FEI Number 59-2642751 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Jacqueline del Cristo Minges, Esq., de la O & Marko

Street Address (P.O. Box Number is Not Acceptable): 3001 S.W. 3rd Avenue

Suite, Apt. #, Etc.:

City: Miami, State: FL Zip Code: 33129

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 _____ Date 9/23/03

REGISTERED AGENT MUST SIGN

CR2E031 (10/02)

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
D, C, P	Richard P. Millard	300 Biscayne Blvd. Way, Suite 1100	Miami, FL 33131
V, S	Raul Leal	300 Biscayne Blvd. Way, Suite 1100	Miami, FL 33131

10. 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: R. P. Millard (Pres) 9.24.'03 (305) 577-8484

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

jg 9/25

Florida Department of State
Division of Corporations
Public Access System

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : FAS-T CORP. AGENTS, INC.
Account Number : 071001002335
Phone : (305)599-0839
Fax Number : (305)716-0346

CORPORATION REINSTATEMENT

UNITED SOUTHERN RETIREMENT CENTERS, INC.

Certificate of Status	0
Certified Copy	0
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