

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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11/07/05--01010--003 **155.00

CR2E041 (8/05)

11/22

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L03000007177

1. Limited Liability Company's Name

Senior Resource Services, LLC

2. Principal Office Address

1001 Heathrow Park Lane

3. Mailing Office Address

PO Box 958465

Suite, Apt. #, etc.

Suite 5001

Suite, Apt. #, etc.

City & State

Lake Mary, FL

City & State

Lake Mary

Zip

32746

Country

USA

Zip

32795-8465

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/26/03

6. FEI Number

56-2320735

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED

So On Additional Fees apply
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

Danlias Howe

Street Address (P.O. Box Number is Not Acceptable)

1001 Heathrow Park Lane

Suite, Apt. #, Etc.

Suite 5001

City

Lake Mary

State

FL

Zip Code

32746

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Danlias F. Howe

Date October 21, 2005

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Richard L. VanderHorst	4213 Brynwood Drive	Naples, FL 34119
MGRM	Peter English	1001 Heathrow Park Lane, Ste 5001	Lake Mary, FL 32746
MGRM	Donald M. Gray	1001 Heathrow Park Lane, Ste. 5001	Lake Mary, FL 32746

REINSTATEMENT 2004-2005

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfied the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Donald M. Gray

Date 10/20/05

Daytime Phone # 407-995-8000

Typed or printed name of signing Managing Member/Manager

Donald M. Gray