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FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 98 DEC 31 PM 2:58

APPLICATION FOR
 REINSTATEMENT FOR
 LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # L9500000220**
 Glen Oaks of Tallahassee, L.C.
 615 Crescent Executive Court, Suite 120
 Lake Mary, FL 32746

1a. Principal Place of Business Address
~~499 Boynton Bay Circle~~
~~Boynton Beach, FL 33435~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
 615 Crescent Executive Ct.
 Suite, Apt. #, etc. Suite 120
 City & State Lake Mary, FL
 Zip 32746 Country USA

2a. Mailing Address
 615 Crescent Executive Ct.
 Suite, Apt. #, etc. Suite 120
 City & State Lake Mary, FL
 Zip 32746 Country USA

3. Date Organized or Qualified 03/17/95
 3a. State of Formation FL

4. FEI Number 65-0718187
 Applied For
 Not Applicable

5. Date of Last Report 03/11/97
 6. Certificate of Status Desired
 \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
 Todd Borck
 499 Boynton Bay Circle
 Boynton Beach, FL 33435

8. Name and Address of New Registered Agent
 Name N. Dwayne Gray, Jr., Esq.
 Street Address (P.O. Box Number is Not Acceptable) 135 West Central Blvd.
 Suite, Apt. #, etc. Suite 1100
 City Orlando
 Zip 32801
 State FL

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 *N. Dwayne Gray, Jr.* Date 12-30-98
 REGISTERED AGENT MUST SIGN

10. Title	Managing Members/Managers	Business Street Address	City, State & Zip Code
MGRM	Todd Borck	499 Boynton Bay Circle 615 Crescent Executive Court	Boynton Beach, FL 33435 Lake Mary, FL 32746
MGRM	Stuart Willner	499 Boynton Bay Circle	Boynton Beach, FL 33435

REINSTATEMENT 1998

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 satisfies 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 *Todd Borck* Date 12-30-98 Daytime Phone # 407-333-3233
 Typed or printed name of signing Managing Member/Manager Todd Borck, Managing Member