


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUL 30 PM 3:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500022068735
08/05/03--01044--004 **250.00
500022068735
08/05/03--01044--003 **5.00

DOCUMENT # M99000002053

1. Limited Liability Company's Name
Senior Care Associates LLC

9/28/01

2. Principal Office Address 12900 N. Meridian Street Suite, Apt. #, etc. Suite 180 City & State Carmel, IN Zip 46032 Country U.S.A.		3. Mailing Office Address 12900 N. Meridian Street Suite, Apt. #, etc. Suite 180 City & State Carmel, IN Zip 46032 Country U.S.A.	
---	--	---	--

4. State/Country of Formation
Indiana

5. Date Organized or Qualified To Do Business in Florida 12/17/99

6. FEI Number 83-0328003
Applied For
Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City
Plantation

State
FL

Zip Code
33324

MW

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 Connie Bryan *Special Assistant Secretary* Date 7/30/03

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	James E. Eden	3395 North Pines Way, Suite 102	Wilson, WY 83014
MGR	Allison W. Eden	3395 North Pines Way, Suite 102	Wilson, WY 83014
MGR	Larry W. Bonds	355 Greenwood Drive	Hilton Head Island, SC 29928
MGR	John C. West	23-B Shelter Cove Lane, Suite 400	Hilton Head Island, SC 29928
REINSTATEMENT 2001-2003			

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 Larry W. Bonds Date 7/25/03 Daytime Phone# _____

Typed or printed name of signing Managing Member/Manager Larry W. Bonds, Manager

CR2E041 (10/02)