

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 JUN 20 PM 1:43

DOCUMENT # N21440

1. Corporation Name

The Manors of Bryn Mawr, Inc.

2. Principal Office Address

1350 Orange Ave.

Suite, Apt. #, etc.

Suite 100

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

P. O. Box 1208

Suite, Apt. #, etc.

City & State

Winter Park, FL

Zip

32790-1208

Country

USA

REINSTATEMENT 00-01

**4. Date Incorporated or Qualified
To Do Business in Florida**

7-1-87

SP

5. FEI Number

59-2880112

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$9.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Roger V. Phillips

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

1350 Orange Avenue

Suite, Apt. #, Etc.

Suite 100

City

Winter Park

State

FL

Zip Code

32789

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

REGISTERED AGENT MUST SIGN

Date

5/8/01

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
Pres	Jesse Ackerman D	5449-J Lake Margaret Dr.	Orlando, FL 32812
VP	Shirley Livingston D	5449-G Lake Margaret Dr.	Orlando, FL 32812
ST	Ruth Nelson D	5457-J Lake Margaret Dr.	Orlando, FL 32812

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)(l), 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:

Jesse Ackerman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/8/01

Daytime Phone #