

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

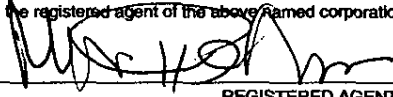
REINSTATEMENT 02-03

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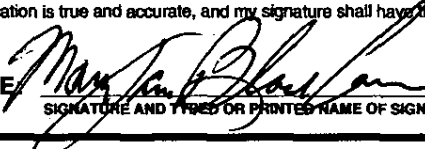
CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000015519			
1. Corporation Name SELECT GROUP HOMES, INC			
2. Principal Office Address 4730 30th St. W		3. Mailing Office Address 4730 30th St. W	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Bradenton, FL		City & State Bradenton, FL	
Zip 34027	Country US	Zip 34207	Country US

4. Date Incorporated or Qualified To Do Business in Florida 02/16/1998	
5. FEI Number 593497690	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent	
Name FELDMAN, MARC H	
Street Address (P.O. Box Number is Not Acceptable) 3908 26th St. W.	
Suite, Apt. #, Etc. Bradenton, FL	
City	State FL
	Zip Code 34207

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 2/4/03
REGISTERED AGENT MUST SIGN	

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	FLIS, FRED	6108 26th St. W	Bradenton, FL 34207
D	BLACKBURN, MARYJANE	6608 CASE AVE	Bradenton, FL 34207

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  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 4/24/03 Daytime Phone # 941/751/1141

9/30