PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # A02103

REINSTATEMENT

700024974707
11/24/03--01046--015 **8.75

1. Corporation Name
Beverly Terrace Manor Corp
322

2. Principal Office Address	**3.** Mailing Office Address
3224 Biscayne Blvd	3224 Biscayne Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc. B-1
City & State: Miami, FL	City & State: Miami FL
Zip: 33137 Country: DADE	Zip: 33137 Country: DADE

4. Date Incorporated or Qualified To Do Business in Florida: 12/1926

5. FEI Number: 59-0163340 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DANIEL K. SCHERRER

11/24/03--01046--014 **8.00

Street Address (P.O. Box Number is Not Acceptable): 3224 Biscayne Blvd

700024974707
11/24/03--01046--014 **8.00

Suite, Apt. #, Etc.: B-1

City: Miami | State: FL | Zip Code: 33137

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 11/14/2003

CR2E081 (10/02)

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
Pte	John Tronolone	3224 Biscayne Blvd A-3	Miami, FL 33137
Vice Pres	Kathy Kassner	3224 Biscayne Blvd A-1	" "
Sec	Maria V. Lopez	" " C-3	" "
Tres	Daniel Scherrer	3224 Biscayne Blvd B-1	" "
Voter	James Wilson	" " C-1	" "
Voter	David Garzone	" " E-1	" "

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 11/14/2003

Daytime Phone # 305-205 0255