	PLE <i>F</i>	ASE READ /	ALL INSTRUC	TION	S BEFORI	E COM	1PLETIN	G THIS FO	RM.		
_	CORPORATION REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS			E ,	FILED 00 SEP 18 PM 4: 19				
	DOCUMENT # 615845 L Corporation Name						SECRETARY OF STATE TALUAHASSEE, FLORIDA				
R	iviera Anima	ıl Hospital	, Inc.								
•	al Office Address 4th Street	N	3. Mailing Office Address 12401 W. Olympic Blvd.				REINSTATEMENT Glo-DC				
Suite, Apt. #	, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. Date Incorporated or Qualified				
City & State	Petersburg,	FT.	City & State Los Angeles			l	5. FEI Number Applied For				
			Zip 90064	Zip Country		6. c	6. CERTIFICATE OF STATUS DESIDED S8.75 Additional Fee requ			Not Applicable Iditional Fee required sertificate of Status	
error strawers for a			7. Name an	d Addres:	s of Current Regi				101-1-0	Effilicate of States	
	Name										
	1200 Suite, Apt. #, Etc.	1200 S. Pine Island Rd. Suite, Apt. #, Etc.						000340 -09/29/00	<u> </u>	12 - 2 1 - n e	
	City Plant	tation	m 1, to, **					State***********************************			
B. I, being	appointed the register	red agent of the abov	ve named corporation, ar	m familiar	with and accept th	the obligatio	ons of section (607.0505 or 617.05	03, F.S.	· ·	
Signature of Registered /	Agent	wie Bym	EGISTERED AGENT MU	IST SIGN				Date <u>9-</u>	18-00		
9. Names	and Street Addresses	of Each Officer and	l/or Director (Florida nonp	profit corp	orations must list	at least 3 di	firectors)				
Titles	Office	Name of ers and/or Directors	Street Address of Each Officer and/or Director					Ci	ity / State / Zip	ρ	
Pres. & Dir.	Robert L.	Robert L. Antin		12401 W. Olympic Bl				Los Angele	es, CA	90064	
V.P. & Dir.	Neil Taube	Neil Tauber		12401 W. Olympic Blv				Los Angeles, CA 90064			
Sec. & Dir.	Arthur J.	Arthur J. Antin		12401 W. Olympic B1			Los Angeles, CA 90064				
CFO	Tomas W. F	/uller	124	+01 W.	. Olympic	Blvd.		Los Angele	es, CA	90064	
				200	000340 -09/29/00 ****600.)01047	922 1007 **600.00				
this reir owed b	nstatement application, by the corporation have	n, the reason for disso e been paid and the n	iver or trustee empowered olution has been eliminate names of individuals listerignature shall have the sa	ted, the cor ed on this fo	rporate name satis form do not qualify	tisfies the red y for an exer	quirements of mption under s	section 607.0401 or	r 617.0401, F	.S., that all fees	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TOMAS FULLEY, CFO

9/8/00

Daytime Phone #

CR2E081 (9/99)

CR2E08