PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 OCT -8 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

800041815848
10/12/04--01038--006 **673.75

DOCUMENT # 709490

REINSTATEMENT 97-04

1. Corporation Name
Florida Living Retirement Center, Inc.

2. Principal Office Address	3. Mailing Office Address
3425 E Semoran Blvd	3428 E Semoran Blvd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Apopka FL	City & State: Apopka, FL
Zip: 32703 Country: USA	Zip: 32703 Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 08/20/1965

5. FEI Number: 591109797 ☐ 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: Frank McMillan

Street Address (P.O. Box Number is Not Acceptable): 655 N Wymore Road, Suite 101

Suite, Apt. #, Etc.:

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: _____ Frank McMillan Date: October 7 2004

REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	Michael F. Cauley	1225 Golf Point Loop	Apopka FL 32712-2174
VPST	Thomas L. Verrill	2306 Walnut Heights Rd	Apopka, FL 32703-4852
D	Evan Valencia	213 Chestnut Creek Dr	Apopka FL 32703-4867
D	Kim Johnson	2114 Tortoise Shell Dr	Maitland FL 32751-8647
D	Frank McMillan	655 N Wymore Rd #101	Winter Park FL 32789

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: _____ Frank McMillan Oct 7 2004 407 644 7200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308 850-222-2785

City/St/Zip Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- FLORIDA LIVING RETIREMENT CENTER, INC.

2-

3-

4-

X	Walk-in		Pick-up time	ASAP	xxx	Certified Copy	
	Mail-out		Will wait			Photocopy	Certificate of Status

NEW FILINGS	
	Profit
	Non-Profit
	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
XXX	Reinstatement
	Trademark
	Other

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials