


# 2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 734026</b> 1. Entity Name <b>KEYSTONE SENIOR SERVICE, INC.</b>	
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FILED  
 08 AUG -4 AM 8:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business 125 COMMERCIAL AVE. P.O. BOX 363 KEYSTONE HEIGHTS, FL 32656 US	Mailing Address P.O. BOX 363 <del>P.O. BOX 363</del> KEYSTONE HEIGHTS, FL 32656 US
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REINSTATEMENT *08*

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  GREEN, LLOYD A. 335 E. LAKEVIEW DR. P.O. BOX 35 KEYSTONE HGHTS, FL 32660	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

000133937310  
 08/04/08--01049--001 \*\*122.50

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VP PICKINS, DAN	<input type="checkbox"/>
NAME	7065 GATOR BOSS RD	
STREET ADDRESS	KEYSTONE HEIGHTS, FL 32656	
CITY-ST-ZIP		
TITLE	TD GREEN, LLOYD A	<input checked="" type="checkbox"/>
NAME	335 LAKEVIEW DR	
STREET ADDRESS	KEYSTONE HEIGHTS, FL 32656	
CITY-ST-ZIP		
TITLE	RSD STRUNK, EVELYN	<input checked="" type="checkbox"/>
NAME	6717 CRYSTAL LAKE RD	
STREET ADDRESS	KEYSTONE HEIGHTS, FL 32656	
CITY-ST-ZIP		
TITLE	S SHELDON, NORMA	<input checked="" type="checkbox"/>
NAME	6308 BOWDOIU AVE	
STREET ADDRESS	KEYSTONE HEIGHTS, FL 32656	
CITY-ST-ZIP		
TITLE	OM COMPMIRE, NORMA	<input checked="" type="checkbox"/>
NAME	6308 BOWDOIU AVE	
STREET ADDRESS	KEYSTONE HEIGHTS, FL 32656	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PRES PRESIDENT	<input checked="" type="checkbox"/>
NAME	DAN PICKENS	
STREET ADDRESS	7065 GATOR BONE RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	VICE PRESIDENT	<input type="checkbox"/>
NAME	BILL LEE	
STREET ADDRESS	7729 BEACHVIEW ST.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	RECORDING SECRETARY	<input type="checkbox"/>
NAME	HOLLY HUNHOLTZ	
STREET ADDRESS	P.O. BOX 1520 6489 BROOKLYN BAY RD.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	TREASURER	<input type="checkbox"/>
NAME	PAULINE CARR CALLE	
STREET ADDRESS	6491 LOCH LOMMOND DR.	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE	OFFICE MANAGER	<input type="checkbox"/>
NAME	BARBARA CARROLL	
STREET ADDRESS	125 COMMERCIAL AVE	
CITY-ST-ZIP	KEYSTONE HEIGHTS FL 32656	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* 8-1-08

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

*08/15*