

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *Page 1 of 2*

**CORPORATION  
REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
01 JUL 27 AM 9:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 852654

1. Corporation Name

EXTENDICARE HEALTH FACILITIES, INC.

2. Principal Office Address

111 W. MICHIGAN STREET

Suite, Apt. #, etc.

City & State

MILWAUKEE, WI

Zip

Country

53203

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

04/21/82

5. FEI Number

39-1045271

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

Lexis Document Services Inc

Street Address (P.O. Box Number is Not Acceptable)

3953 W.W. Kelley Rd.

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

900004525064-4

-08/08/01-01092-012

\*\*\*\*500.00 \*\*\*\*300.00

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

*Kenny Futato*

REGISTERED AGENT MUST SIGN

Date 7-25-01

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
	SEE ATTACHED		

**REINSTATEMENT** 05-01-01

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

Daytime Phone #

7/21/01 414/908-8438

**OFFICERS AND DIRECTORS**

Richard L. Bertrand  
Senior Vice President - Planning & Development

Joy D. Calkin\*  
Chair

Roch Carter  
Vice President, General Counsel & Asst. Secretary

Mark W. Durishan\*  
Vice President, Chief Financial Officer & Treasurer

Jillian E. Fountain  
Secretary

Douglas J. Harris  
Vice President and Controller

Walter A. Levonowich  
Vice President

John G. McLaughlin  
President & Chief Operating Officer

Melvin A. Rhineland\*  
Chief Executive Officer

L. William Wagner  
Vice President

\* Denotes Directors

All above are located at:  
111 West Michigan Street  
Milwaukee, WI 53203