

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. *ppp/10/12*

**CORPORATION
REINSTATEMENT**

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

FILED

01 JUL 27 AM 9:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 856985

1. Corporation Name

EXTENDICARE HOMES, INC.

2. Principal Office Address

111 W. MICHIGAN STREET

Suite, Apt. #, etc.

City & State

MILWAUKEE, WI

Zip

53203

Country

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

07/01/83

5. FEI Number

39-1441287

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 Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

700004525067-0

-08/08/01--01092-011

****900.00 ****900.00

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

[Signature]

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 00-01 18

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

7/11/01

Date

414/908-8438

Daytime Phone #

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