

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000241012 3)))



H090002410123ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Sec #10

**CORPORATION REINSTATEMENT
ROSEWOOD MANOR OF PENSACOLA, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$750.00

FILED

09 NOV 13 PM 1:04

PLEASE READ ALL INSTRUCTIONS BEFORE CK

SECRETARY OF STATE
TALLAHASSEE, FLORIDACORPORATION
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000000463

1. Corporation Name

Sklyer Florida, Inc. dba Rosewood Manor of Pensacola, Inc.

2. Principal Office Address - No P.O. Box

4445 Willard Avenue

Suite, Apt. #, etc.

12th Floor

City & State

Chevy Chase

Zip

MD 20815

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E081 (11/09)

4. Date Incorporated or Qualified
To Do Business In Florida February 1, 1993

5. FEI Number

64-0821299

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐SE-25 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0606 or 617.0603, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

11/13/09

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title	Name of Officer and/or Director	Street Address of Each Officer and/or Director	City / State / Zip
President	Jim Piczynski	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815
Secretary	Simran Bindra	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815
Treasurer	Jeffrey Lipson	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815
Asst. Sec.	Pierrette Bradshaw	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815
Asst. Sec.	Carolyn Silva	4445 Willard Avenue, 12th Floor	Chevy Chase, MD 20815

10. E-mail Address: csilva@capitalsource.com

(To be used for future annual report notification)

11. 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 application 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, I further certify 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:

Jeffrey A. Lipson
Senior Vice President and Treasurer

Date

11-13-09

Daytime Phone #

(301) 634-6258

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR