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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

03 OCT -2 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000003593

1. Corporation Name
Sunrise Senior Living Services, Inc.

2. Principal Office Address
7902 Westpark Drive

3. Mailing Office Address
7902 Westpark Drive

4. Data Incorporated or Qualified To Do Business in Florida. 8/6/93

5. FEI Number 52-1468493 Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED 69.73 Additional fee required for a Certificate of Status

City & State
McLean, VA

City & State
McLean, VA

Zip Country
22102 USA

Zip Country
22102 USA

REINSTATEMENT 2003

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 Zip Code
FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0506 or 617.0503, F.S.

Signature of Registered Agent _____ Date 10/2/03

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
President Director	Thomas B. Newell	7902 Westpark Drive	McLean, VA 22102
VP & Secretary	Michael J. Stein	7902 Westpark Drive	McLean, VA 22102
VP & Asst. Sec.	Augustine H. Kim	7902 Westpark Drive	McLean, VA 22102

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)(D), 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: Michael J. Stein Michael J. Stein 9/30/03 703-744-1889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR, VP & Sec. Date Daytime Phone #

H03 0002891883

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

SUNRISE SENIOR LIVING SERVICES, INC.

Certificate of Status	1
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