

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 APR 26 PM 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000001263

1. Corporation Name

RENAISSANCE SENIOR LIVING, INC.
593 ATLANTA STREET
ROSWELL, GA 30075

2. Principal Office Address

593 ATLANTA STREET

Suite, Apt. #, etc.

City & State

ROSWELL, GA

Zip

30075

Country

US

3. Mailing Office Address

593 ATLANTA STREET

Suite, Apt. #, etc.

City & State

ROSWELL, GA

Zip

30075

Country

US

**4. Date Incorporated or Qualified
To Do Business in Florida**

03/12/1997

5. FEI Number

58-2293849

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

A.R. NEAL, ESQ.

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

100 NORTH TAMPA STREET

Suite, Apt. #, Etc.

SUITE 1800

City

TAMPA

200004194922-1
-05/11/01-01015-021
*****8.75 *****8.75

State
FL

Zip Code
33602

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

A. R. Neal

REGISTERED AGENT MUST SIGN

Date 04/24/01

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
PRES/ DIR	CHRIS BROGDON	593 ATLANTA STREET	ROSWELL, GA 30075
VP/ DIR	JAMES J. ANDREWS	700 OLD ROSWELL LAKE PKWY #300	ROSWELL, GA 30075
SECT/ DIR	PHILIP M. REES	700 OLD ROSWELL LAKE PKWY #300	ROSWELL, GA 30075
DIR	EDWARD E. LANE	593 ATLANTA STREET	ROSWELL, GA 30075
			200004194922-1 -05/11/01-01015-022 *****8.75 *****8.75

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

Chris Brogdon 4/23/01

Date

Daytime Phone #

770-650-7086

CR2E081 (9/00)