


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>APPLICATION FOR REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b>
		<b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # F99000003442**

1. Corporation Name

**PRIME SENIOR LIVING, INC.**

Principal Place of Business

STE 212, 3500 PIEDMONT ROAD  
ATLANTA GA 30305

Mailing Address

STE 212, 3500 PIEDMONT ROAD  
ATLANTA GA 30305

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

210 S. Parsons Ave

3. New Mailing Office Address, If Applicable

210 S. Parsons Ave

Suite, Apt. #, etc.

12

Suite, Apt. #, etc.

12

City & State

Brandon FL

City & State

Brandon FL

Zip

33511

Country

USA

Zip

33511

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

06/29/1999

5. FEI Number

58-2213966

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

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

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
1	2	3	4
PCSD	LOVETT JR, WILLIAM E	STE 211, 3500 PIEDMONT ROAD	ATLANTA GA
CEO	GARNER JR, THOMAS E	STE 211, 3500 PIEDMONT ROAD	ATLANTA GA
P	Vaughan, David R	210 S. Parsons, Ste 12	Brandon, FL 33511

8. Name and Address of Current Registered Agent

**VAUGHAN, DAVID R**  
**STE 12, 210 S. PARSONS DRIVE**  
**BRANDON FL 33594**

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State  
**FL**

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*David R. Vaughan*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 11/16/00

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 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)(l), 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:

*David R. Vaughan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/16/00 (813) 651-4184  
Date Daytime Phone #

CR2E040 (8/00)