PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

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

FILED
01 NOV 30 PM 3:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

01

DOCUMENT # F99000005896

1. Corporation Name
CaraVita Senior Care Management Services, Inc.
CaraVita Senior Care Management Services, Inc.

2. Principal Office Address	**3.** Mailing Office Address
880 Holcombe Bridge Road.	880 Holcombe Bridge Rd.
Suite, Apt. #, etc. C100	Suite, Apt. #, etc. C100
C100	C100
City & State Roswell, GA	City & State Roswell, GA
Zip 30076	Zip 30076
Country USA	Country USA

4. Date Incorporated or Qualified To Do Business in Florida 11/15/1999

5. FEI Number 58-2469938 | Applied For | Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: CT Corporation System
20000471949 2--1
-12/11/01--01089--005
*****750.00 *****750.00

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Rd.

Suite, Apt. #, Etc.

City: Plantation | State: FL | Zip Code: 33324

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: CT Corporation System BY: [signature] Allan Farnell, Assistant Vice President Date 11/29/01

REGISTERED AGENT MUST SIGN

CR2E061 (9/00)

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
President	Laura E. Cayce	880 Holcombe Bridge Rd.	Roswell, GA 30076
Secretary	Josh Coughlin	880 Holcombe Bridge Rd.	Roswell, GA 30076

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******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] 11-28-01 770-552-9188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSH COUGHLIN