DEC. 29. 2004 2:14PM CORPORATION SVC CO 182 NO. 158 P. 2

5074 3

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 DEC 29 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H33630

**REINSTATEMENT** 02-04 MRS

1. Corporation Name
Southern Oaks Health Care, Inc.

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 605 E. Robinson Street | |
| Suite Apt #, etc. Suite 730 | Suite, Apt #, etc. |
| City & State Orlando, Florida | City & State |
| Zip 32801 / Country USA | Zip / Country |

4. Date Incorporated or Qualified To Do Business in Florida 12/11/1984

5. FEI Number 59-2542955 — Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☑ $30.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: AM&E Services LLC

Street Address (P.O. Box Number is Not Acceptable): 605 E Robinson Street

Suite Apt #, Etc.: Suite 730

City: Orlando | State: FL | Zip Code: 32801

8. I being appointed the registered agent of the above named corporation am familiar with and accept the obligations of section 607.0505 or 617.0505, F.S.

Signature of Registered Agent: Alexander J. Ombres, VP Date: December 29, 2004

REGISTERED AGENT MUST SIGN

CR2E061(04/04)

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 |
|---|---|---|---|
| VPD | Darryl Siemer | 17401 SE County Hwy 475 | Summerfield, FL 34491 |
| PD | Michael Siemer | 17401 SE County Hwy 475 | Summerfield, FL 34491 |
| | | | |
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10. I certify that I am an officer or director of the resultant 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: Darryl Siemer, Vice President 12/29/2004

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

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# Florida Department of State
## Division of Corporations
Public Access System

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(((H04000255074 3)))

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## CORPORATION REINSTATEMENT

### SOUTHERN OAKS HEALTH CARE, INC.

| | |
|---|---|
| Certificate of Status | 1 |
| Certified Copy | 0 |
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| Estimated Charge | $1,058.75 |

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