PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

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

FILED
99 OCT 18 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J12965**

1. Corporation Name

HDS RETIREMENT CENTERS, INC.

Principal Place of Business	Mailing Address
P. O. BOX 6899 N/A HILTON HEAD ISLAND SC 29938 US	P.O. BOX 6899 HILTON HEAD IS. SC 29938

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

REINSTATEMENT 99

2. New Principal Office Address, If Applicable	3. New Mailing Office Address, If Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business In Florida: 05/01/1986

5. FEI Number: 59-2727304 ☐ 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)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
PSD	TAYLOR, KENNETH E.	2283 LAKESHORE BLVD W.	ETOBICOKE ON M8V-1

100000301081--1
-10/19/99--01081--020
****750.00 ****750.00

8. Name and Address of Current Registered Agent	9. Name and Address of New Registered Agent
COBER CORPORATE AGENTS, INC. 2601 S. BAYSHORE DR. 19TH FLOOR MIAMI FL 33133	Name: Brian M Jones Esq Street Address (P.O. Box Number is Not Acceptable): 20 North Orange Ave Suite, Apt. #, Etc.: 10th Floor City: Orlando State: FL Zip Code: 32801

CR2E040 (9/99)

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: SIGNATURE REQUIRED Brian M Jones — REGISTERED AGENT MUST SIGN Date: 10/15/99

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)(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 REQUIRED Oct 14 /99 407-421-1429

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

K.E. TAYLOR

0068529 AF