

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 JAN 10 PM 2:55

SECRET
TALLAHASSEE, FL

BOOKED 15370376
11/22/05-11034-010 *1500.25

DOCUMENT # K71342

1. Corporation Name

Assisted Living Resources Inc.

2. Principal Office Address

1500 4th Ave W

Suite, Apt. #, etc.

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Bradenton

City & State

Zip

34205

Country

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

3/6/89

5. FEI Number

650128622

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

CR2E081 (8/05)

7. Name and Address of Current Registered Agent

Name

Terry Stewart

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

1510 1st Ave W

Suite, Apt. #, Etc.

702

City

Bradenton

State
FL

Zip
34205

REINSTATEMENT 00-05

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

Terry Stewart

REGISTERED AGENT MUST SIGN

Date

11/16/05

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	Terry Stewart	1510 1 st Ave W	
VP	" "	Bradenton FL	
S	" "	34205	
T	" "		

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:

Terry Stewart

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/16/05

Daytime Phone #

(941)
747-7997