

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 PM 2:49

DOCUMENT # L00000002562

1. Limited Liability Company's Name

ZCS SENIOR HOUSING PARTNERS, LLC

300021627223
07/17/03--01062--006 **205.00

2. Principal Office Address

501 HOLLYWOOD BLVD

Suite, Apt. #, etc.

3. Mailing Office Address

501 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

City & State

W. MELBOURNE, FL

Zip

32904 BREVARD

City & State

W. MELBOURNE, FL

Zip

32904 BREVARD

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

3/07/2000

6. FEI Number

59-3629346

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

CLIFF SINGLETON

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

501 HOLLYWOOD BLVD.

Suite, Apt. #, Etc.

City

W. MELBOURNE

State

FL

Zip Code

32904

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of
Registered Agent

Cliff Singleton
REGISTERED AGENT MUST SIGN

Date 7-11-03

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRMZ.	CLIFF SINGLETON	501 HOLLYWOOD BLVD.	W. Melbourne, FL 32904

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of
Managing Member/Manager

Z. Cliff Singleton
Z. CLIFF SINGLETON

Date 7-11-03

Daytime Phone# 321-431-6536

Typed or printed name of signing Managing Member/Manager

Z. CLIFF SINGLETON

CR2E041 (10/02)