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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION - REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary
DIVISION OF CORPORATIONS

L00000007952

FILED
02 NOV 22 AM 11:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000007952

Name and Mailing Address

0006605 01 FP 0.352 **PRSRT TO 0 0615 33803-294206

RIVERSIDE NURSING HOME, L.L.C.
206 COURTLAND CIRCLE
LAKELAND FL 33803-2942

600009166966
11/22/02--01036--001 **150.00

CR2E084 (8/02)

2. New Mailing Address City, State, Zip	**4.** State/Country of Formation: FL **5.** Date Organized or Qualified To Do Business in Florida: 07/03/2000
Principal Place of Business: 206 COURTLAND CIRCLE, LAKELAND FL 33803 **3.** New Principal Place of Business Address City, State, Zip	**6.** FEI Number 31-1756213 ~~APPLIED FOR~~ ☐ 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	**9.** Name and Address of New Registered Agent
KELLER, GERALD L 206 COURTLAND CIRCLE LAKELAND FL 33803	Name Street Address (P.O. Box Number is Not Acceptable) City: FL; Zip Code

10. 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 Gerald L Keller Date 11/15/02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MEM	KELLER, GERALD L	206 COURTLAND CIRCLE	LAKELAND FL 33803
		REINSTATEMENT	

12. 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 Gerald L Keller Date _____ Daytime Phone # 863 683 8289

Typed or printed name of signing Managing Member/Manager