

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

2002 NOV -6 PM 12:12

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000011566

Name and Mailing Address

0009804 01 FP 0.352 **PRSR H4 0 0615 32953-770370



ATLANTIC & PACIFIC SENIOR CARE FACILITY, L.L.C.

C/O ERNEST ADCOCK

1070 CHASE HAMMOCK

MERRIT ISLAND FL 32953-7703



2. New Mailing Address

City, State, Zip

Principal Place of Business

C/O ERNEST ADCOCK
1070 CHASE HAMMOCK
MERRIT ISLAND FL 32819

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified-
To Do Business in Florida

07/12/2001

6. FEI Number

☒ 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

ADCOCK, ERNEST
1070 CHASE HAMMOCK
MERRIT ISLAND FL 32819

9. Name and Address of New Registered Agent

Name

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

000008831390

11/06/02--01090--012 **150.00

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

Ernest Adcock

Date

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
MGRM	BLOOM, STUART A	24275 JEFFERSON AVE.	MURRIETA CA 92562
MGRM	VERLEUR, RHONDA	811 RANCHWOOD RD.	ORANGEC A 92869
MGRM	VERLEUR, DONALD	7509 E. SADDLEHILL TAIL	ORANGEC A 92869

REINSTATEMENT 2002
CP

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

Ronald A Verleur

Date

10/30/02

Daytime Phone #

(714) 744-4555

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)