

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L01000011869**

1. Limited Liability Company's Name

Sebring Healthcare Investors, LLC

2. Principal Office Address

1175 Peachtree Street

Suite, Apt. #, etc.

Suite 850

City & State

Atlanta, GA

Zip

30361

Country

U.S.

3. Mailing Office Address

1175 Peachtree Street

Suite, Apt. #, etc.

Suite 850

City & State

Atlanta, GA

Zip

30361

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

07/19/01

6. FEI Number

58-2637322

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

Charles L. Cooper, Jr.

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

1358 Thomaswood Drive

Suite, Apt. #, Etc.

City

Tallahassee

500027978485
01/30/04--01060--004 **155.00

500027978485
01/30/04 01060 005 **50.10

State

FL

Zip Code

32308

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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-24-04**

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
MGRM	John E. McMullan	1175 Peachtree Street, Suite 850	Atlanta, GA 30361

REINSTATEMENT

2003-2004

[Signature]

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

[Signature]

Date **01/22/04**

Daytime Phone # **(404) 873-3434**

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)