

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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CR2E041 (8/05)

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LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L03000007177

1. Limited Liability Company's Name
Senior Resource Services, LLC

2. Principal Office Address 1001 Heathrow Park Lane		3. Mailing Office Address PO Box 958465	
Suite, Apt. #, etc. Suite 5001		Suite, Apt. #, etc.	
City & State Lake Mary, FL		City & State Lake Mary	
Zip 32746	Country USA	Zip 32795-8465	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 2/26/03	
6. FEI Number 56-2320735	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <small>So On Additional Fees apply</small>	

8. Name and Address of Current Registered Agent

Name Danlias Howe	
Street Address (P.O. Box Number is Not Acceptable) 1001 Heathrow Park Lane	
Suite, Apt. #, Etc. Suite 5001	
City Lake Mary	State FL
	Zip Code 32746

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: *Danlias F. Howe* Date: *October 21, 2005*

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Richard L. VanderHorst	4213 Brynwood Drive	Naples, FL 34119
MGRM	Peter English	1001 Heathrow Park Lane, Ste 5001	Lake Mary, FL 32746
MGRM	Donald M. Gray	1001 Heathrow Park Lane, Ste. 5001	Lake Mary, FL 32746

REINSTATEMENT 2004-2005

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 satisfied 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: *Donald M. Gray* Date: 10/20/05 Daytime Phone #: 407-995-8000

Typed or printed name of signing Managing Member/Manager: Donald M. Gray