FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. 10 OCT -7 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000077818

1. Limited Liability Company's Name
Sarasota Senior Living LLC

~~10/07/10--01035--001 **238.75~~
100186441521
10/07/10--01035--001 **238.75

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
4100 SW 33 Avenue	4100 SW 33 Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ocala, FL	City & State: Ocala, FL
Zip: 34474 Country: USA	Zip: 34474 Country: USA

4. State/Country of Formation: Florida/USA

5. Date Organized or Qualified To Do Business in Florida: 8/12/09

6. FEI Number: 80-0460219 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Meryl Wiener Date: 10/6/10

REGISTERED AGENT MUST SIGN

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
MGR	Edwin Enterprises, L.L.C.	285 South Farnham St.	Galesburg, IL 61401

REINSTATEMENT 2010

11. E-mail Address: vjcox@rmsinc.com
(To be used for future annual report notifications)

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: Donald E. Fike Date: 10/6/10 Daytime Phone #: 309/343-1550

Typed or printed name of signing Managing Member/Manager: Donald E. Fike