CANARY HOME F 352-688-1157 p.1

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
15 NOV 17 PM 3:11
SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000035732

1. Limited Liability Company's Name
Springhill Gardens Assisted Living, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3010 Greynolds Avenue	3010 Greynolds Avenue
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Spring Hill, FL	City & State: Spring Hill, FL
Zip: 34608 Country: USA	Zip: 34608 Country: USA

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 3/13/12

6. FEI Number: 454850380 ☐ Applied For ☑ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Certificate Fee required for a certified copy of status

8. Name and Address of Current Registered Agent

Name: Chris Ruffus

Street Address (P.O. Box Number is Not Acceptable) Suite:
2506 Commerce Ave

Apt. #, Etc.

City: Spring Hill State: FL Zip Code: 34609

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9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Christyle Ruffus (REGISTERED AGENT SIGNATURE) Date: 11/11/15

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
ADM	Elsie Canary	5496 Airmont Dr.	Spring Hill, FL 34606

REINSTATEMENT
2015

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

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member: ECanary Date: 11/11/15 Daytime Phone #: 352-346-6970

Typed or printed name of signing authorized representative/member: Elsie Canary