PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT 21 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000024458

1. Limited Liability Company's Name
ST. PHILOMENA ASSISTED LIVING FACILITIES, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3943 Eldridge Ave.	3943 Eldridge Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Orange Park,FL	Orange Park,FL
Zip: 32073 Country: United States	Zip: 32073 Country: United States

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 02/19/2013

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

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

900265654829

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

Signature of Registered Agent: Courtney Williams Asst. Vice President Date: 10.21.14

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
AMBR	Phyllis Lashley Rodgers	3943 ELDRIDGE AVE.	ORANGE PARK, FL 32073

11. E-mail Address: STPHILOMENA73@GMAIL.COM
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager of 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 requirements 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Phyllis L. Rodgers Date: 10-19-14 Daytime Phone #: 904-470-9965

Typed or printed name of signing Authorized Representative/Manager: PHYLLIS LASHLEY RODGERS

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CORPORATION SERVICE COMPANY®

FILED
14 OCT 21 PM 1:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : I20000000195
REFERENCE : 338066 7924529
AUTHORIZATION :
COST LIMIT : $ 243.75

ORDER DATE : October 15, 2014

ORDER TIME : 8:54 AM

ORDER NO. : 338066-010

CUSTOMER NO: 7924529

DOMESTIC FILINGS

NAME: ST. PHILOMENA ASSISTED LIVING FACILITIES, LLC

RECEIVED
DEPARTMENT OF STATE
14 OCT 21 AM 11:04

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
XX _____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____