
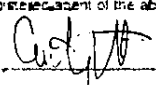
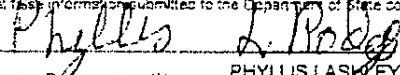


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b> 		<b>FLORIDA DEPARTMENT OF STATE</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>14 OCT 21 PM 1:31</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>DOCUMENT #</b> L23000024458 1. Limited Liability Company's Name <b>ST. PHILOMENA ASSISTED LIVING FACILITIES, LLC</b>					
2. Principal Office Address - No P.O. Box # <b>3943 Eldridge Ave.</b>		3. Mailing Office Address <b>3943 Eldridge Ave</b>		4. State/Country of Formation <b>Florida</b>	
Same Apt. # etc.		State, Apt. # etc.		5. Date Organized or Qualified To Do Business in Florida 02/19/2013	
City & State <b>Orange Park, FL</b>		City & State <b>Orange Park, FL</b>		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip <b>32073</b>	Country <b>United States</b>	Zip <b>32073</b>	Country <b>United States</b>	7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name <b>Corporation Service Company</b> Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b> Suite, Apt. #, Etc.				<b>900265654829</b>	
City <b>Tallahassee</b>				State <b>FL</b>	Zip Code <b>32301</b>
9. I, being appointed, authorized agent of the above named limited liability company, do hereby certify that the information furnished herein complies with the provisions of Chapter 605, F.S. Signature of Registered Agent:  <b>Courtney Williams</b> <b>Asst. Vice President</b> Date <b>10-21-14</b>					
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 <b>STPHILOMENA73@GMAIL.COM</b> <small>(To be used for future annual report notifications)</small>					
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. 817.165, F.S. Signature of Authorized Representative/Manager:  <b>Phyllis Lashley Rodgers</b> Date <b>10-19-14</b> Daytime Phone # <b>904-470-9965</b> Typed or printed name of signing Authorized Representative/Manager <b>PHYLLIS LASHLEY RODGERS</b>					



CORPORATION SERVICE COMPANY

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14 OCT 21 PM 1:31

ACCOUNT NO. : I2000000019  
 REFERENCE : 338066  
 AUTHORIZATION : *[Signature]*  
 COST LIMIT : \$ 243,75

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 7924529

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

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 \_\_\_\_\_

RECEIVED  
 DEPARTMENT OF STATE  
 14 OCT 21 AM 11:04