

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14000113568

1. Limited Liability Company's Name

Sebastian Senior Living, LLC

2. Principal Office Address - No P.O. Box #

445 24th St.

Suite, Apt. #, etc.

Suite 300

City & State

Vero Beach, FL

Zip

32960

Country

USA

3. Mailing Office Address

445 24th St.

Suite, Apt. #, etc.

Suite 300

City & State

Vero Beach, FL

Zip

32960

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

07/17/2014

6. FEI Number

32-0445681

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2ED41 (1/14)

8. Name and Address of Current Registered Agent

Name

Joan T. Williams

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

445 24th St.

Suite, Apt. #, Etc.

Suite 300

City

Vero Beach

State

FL

Zip Code

32960

500319358495

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

REGISTERED AGENT MUST SIGN

Date

10/3/18

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
Member	Sebastian ALF, LLC	445 24th St., Suite 300	Vero Beach, FL 32960
Member	Bracburn Development, LLC	960 Illinois Rt. 22, Suite 212	Fox River Grove, IL 60021

OCT 03 2018

C. CARD

11. E-mail Address: jwilliams@watercrestslg.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 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 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

Date

10/3/18

Daytime Phone #

772-766-0206

Typed or printed name of signing Authorized Representative/Manager Joan T. Williams, Manager

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/4/2018

Acc#I20160000072

en: c DW

Name:	Sebastian Senior Living, LLC
Document #:	
Order #:	11181516 - Line 1

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 268.75

Thank you!