


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

**FILED**

15 OCT 19 AM 10:47

ALL CHARTER FLORIDA

**DOCUMENT # L14000159653**

1. Limited Liability Company's Name  
 Marion County Development LLC

2. Principal Office Address - No P.O. Box # <b>101 East State Street</b> Suite, Apt. #, etc.		3. Mailing Office Address <b>101 East State Street</b> Suite, Apt. #, etc.	
City & State <b>Kennett Square, PA</b>		City & State <b>Kennett Square, PA</b>	
Zip <b>19348</b>	Country <b>USA</b>	Zip <b>19348</b>	Country <b>USA</b>

CR2E041 (1/14)

4. State/Country of Formation <b>Florida/USA</b>	
5. Date Organized or Qualified To Do Business in Florida <b>10/13/2014</b>	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee required for a certificate of status</b>	

8. Name and Address of Current Registered Agent

Name  
**Corporation Service Company**

Street Address (P.O. Box Number is Not Acceptable) Suite,  
**1201 Hays Street**

Apt. #, Etc.

City  
**Tallahassee**

State  
**FL**

Zip Code  
**32301**

**600278229766**  
 10/19/15--01008--008 \*\*243.75

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 *Stephanie Milnes* **Stephanie Milnes**  
**Asst. Vice President**

REGISTERED AGENT MUST SIGN

Date **10/19/2015**

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	George V. Hager, Jr.	101 E. State Street	Kennett Square, PA 19348
AMBR	Robert A. Reitz	101 E. State Street	Kennett Square, PA 19348
AMBR	Thomas Divittorio	101 E. State Street	Kennett Square, PA 19348
AMBR	Michael Sherman	101 E. State Street	Kennett Square, PA 19348
AMBR	Michael Berg	101 E. State Street	Kennett Square, PA 19348
AMBR	Paul D. Bach	101 E. State Street	Kennett Square, PA 19348

11. E-mail Address **Holland, Natalie <Natalie.Holland@genesishcc.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 *Raymond L. Thivierge* Date **10/19/2015** Daytime Phone # **617-259-0555**

Typed or printed name of signing authorized representative/member **RAYMOND L. THIVIERGE, CSO Genesis Healthcare**