PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2020 JUN 23 PM 12:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

600341688139 6
06/23/20-01033-012
$ 382.60

DOCUMENT # L18000110442

1. Limited Liability Company's Name

Prescient Senior Living Resorts

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
Suite, Apt. #, etc.	1311 Vintage Tollgate	Suite, Apt. #, etc.	1311 Vintage Tollgate
City & State	Thompsons Station, TN	City & State	Thompsons Station, TN
Zip	37179	Zip	37179
Country	US	Country	US

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 05-02-2018

6. FEI Number: 85-0545331 ☐ 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: Registered Agents Inc. Officer: Bill Havre

Street Address (P.O. Box Number is Not Acceptable) Suite:
7901 4th St N STE 4000

Apt. #, Etc.

City	State	Zip Code
St. Petersburg	FL	33702

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: Bill Havre Date: 6/24/20

REGISTERED AGENT MUST SIGN

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
CEO	Stephen R. Bolt	1311 Vintage Tollgate	Thompsons Station, TN 37179
	REINSTATEMENT		
		JUN 23 2020	
		R HUNT	

11. E-mail Address: srb3594214@aol.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: Date: June 18, 2020 Daytime Phone #: 615-289-7760

Typed or printed name of signing authorized representative/member: Stephen R. Bolt