

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 MAY 14 PM 6:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L38088**

**1. Corporation Name**

Senior Living Residences, Inc.

108 Wagner Road  
1380 Columbia Road

**2. Principal Office Address**

108 Wagner Road

Suite, Apt. #, etc.

**3. Mailing Office Address**

1380 Columbia Road

Suite, Apt. #, etc.

City & State

Bonifay, Florida

City & State

Boston, MA

Zip

32425

Country

Holmes

Zip

02127

Country

Suffolk

**REINSTATEMENT** *0304*

**4. Date Incorporated or Qualified**

To Do Business in Florida 12/22/89

**5. FEI Number**

592980974

Applied For

Not Applicable

**6.**

CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

Sims, Audrey

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

108 Wagner Road

Suite, Apt. #, Etc.

City

Bonifay

State

FL

Zip Code

32425

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.**

Signature of  
Registered Agent

*Audrey Sims*

REGISTERED AGENT MUST SIGN

Date

5-13-04

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pres.	Larkin, Robert F., Jr.	1380 Columbia Road	Boston, MA 02127
E.D.	Sims, Audrey	108 Wagner Road	Bonifay, FL 32425

**10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.**

SIGNATURE:

*Robert F. Larkin, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

5/12/04

Daytime Phone #

617-269-3485

CR2E081 (01/04)