PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 OCT 22 PM 12:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L98000000752

**1.** Limited Liability Company's Name
Alternative Senior Care L.L.C.

REINSTATEMENT 2001

| **2.** Principal Office Address | **3.** Mailing Office Address |
|---|---|
| 5339 E. Valle Vista Rd | 5339 E. Valle Vista Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Phoenix Az | City & State: Phoenix Az |
| Zip: 85018 Country | Zip: 85018 Country |

**4.** State/Country of Formation

**5.** Date Organized or Qualified To Do Business in Florida 6/9/98

**6.** FEI Number 58-2406922 ☐ 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: Coover, Stephen H.

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-10/30/01--01051-019
****150.00 ****150.00

Street Address (P.O. Box Number is Not Acceptable): 230 North Park Ave

Suite, Apt. #, Etc.:

City: Sanford | State: FL | Zip Code: 32771

**9.** I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date _____
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

**10.** Names and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| Mgr | Olsen, Wallace | 5339 E. Valle Vista Rd | Phoenix, Az 85018 |
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**11.** I certify that I am managing member/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 608.406, 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.

Signature of Managing Member/Manager Wallace Olsen Jr Date 10-17-01 Daytime Phone # 602 956 4970

Typed or printed name of signing Managing Member/Manager _____