

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
CORPORATIONS

FILED

JUN 24 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006377

1. Limited Liability Company's Name

Richey Manor, LLC

2. Principal Office Address

111 W. Michigan St.  
Suite, Apt. #, etc.

3. Mailing Office Address

111 W. Michigan St.  
Suite, Apt. #, etc.

City & State

Milwaukee, WI

City & State

Milwaukee, WI

Zip

53203

Country

USA

Zip

53203

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

10/4/99

6. FEI Number

36-4321430

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

Lexis Document Services

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

Suite, Apt. #, Etc.

3953 WW Kelley Rd.

City

Tallahassee

State  
FL

Zip Code

32311

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

C. Woodruff

REGISTERED AGENT MUST SIGN

Date 6-24-02

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
MGRM	Extendicare Health Facilities, INC.	111 W. Michigan St. Milwaukee, WI	53203
			600005933136

Also please see attached

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 608.408, 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

Rock Carter

Date 6/20/02

Daytime Phone #

414/908-8228

Typed or printed name of signing Managing Member/Manager

Rock Carter

CR2E041 (9/01)

FILED

JUN 24 PM 3:02

## **OFFICERS AND DIRECTORS**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### ***December 31, 2001 to the Present***

#### **Officers**

<i>Melvin A. Rhineland</i>	<i>Chair and Chief Executive Officer</i>
<i>John G. McLaughlin</i>	<i>President and Chief Operating Officer</i>
<i>Philip Small</i>	<i>Senior Vice President – Strategic Planning &amp; Investor Relations</i>
<i>Richard L. Bertrand</i>	<i>Senior Vice President - Development</i>
<i>Roch Carter</i>	<i>Vice President, General Counsel, and Assistant Secretary</i>
<i>Mark W. Durishan</i>	<i>Vice President, Chief Financial Officer, &amp; Treasurer</i>
<i>Douglas J. Harris</i>	<i>Vice President and Controller</i>
<i>L. William Wagner</i>	<i>Vice President</i>
<i>Jillian E. Fountain</i>	<i>Secretary</i>

#### **Directors**

<i>Melvin A. Rhineland</i>	<i>Philip W. Small</i>
<i>Mark W. Durishan</i>	

ACCOUNT FILING COVER SHEET

ACCOUNT NUMBER: FCA000000005

02 JUN 24 PM 3:02

REFERENCE: 2084932-72  
(Sub Account)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DATE: 6-24-02

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: ( ) ( ) ext ( )

CONTACT NAME:

CORPORATION NAME: Richey Manor LLC

DOCUMENT NUMBER:  
(if applicable)

L99-6377

File Reinstatement / cus back

AUTHORIZATION:

Gynthia J. Woodward

- ☒ CERTIFIED COPY (1-9)  
☒ CERTIFICATE OF STATUS (1-9)  
☐ PLAIN STAMPED COPY

- ☐ Call When Ready  
☒ Walk In  
☐ Mail Out

- ☐ Call if Problem  
☐ Will Wait

- ☐ After 5:00  
☐ Pick Up

RECEIVED  
02 JUN 24 PM 2:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA