

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

02 JUN 24 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF
CORPORATION

DOCUMENT # L99000008026

1. Limited Liability Company's Name

Arbors at Tampa, 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
Zip 53203 Country USA

City & State

Milwaukee, WI
Zip 53203 Country USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

11/22/99

6. FEI Number

36-4329446

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)

3953 WW Kelley Rd.

Suite, Apt. #, Etc.

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. Woodard

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	Northern Health Facilities, Inc.	111 W. Michigan St.	Milwaukee, WI 53203
			800005933118
		REINSTATEMENT	2001
	Also 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 608.406, 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

Rock Carter

Date

6/20/02

Daytime Phone #

414/908-8228

Typed or printed name of signing Managing Member/Manager

Rock Carter

CR2ED41 (9/01)

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OFFICERS AND DIRECTORS

JUN 24 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

December 31, 2001 to the Present

Officers

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

Directors

Melvin A. Rhineland	Philip W. Small
Mark W. Durishan	

ACCOUNT FILING COVER SHEET
FILED

ACCOUNT NUMBER: FCA000000005

02 JUN 24 PM 3:02

REFERENCE: 2084932-9
(SUB ACCOUNT)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DATE: 6-24-02

REQUESTOR NAME: Lexis Document Services

ADDRESS:

TELEPHONE: () () EXT ()

CONTACT NAME:

CORPORATION NAME: Arbors at Tampa, LLC

DOCUMENT NUMBER:
(if applicable)

L99-8026

File reinstatement / cus back

AUTHORIZATION:

Cynthia 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 4:00
() Pick Up

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