


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M 00000000189

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -4 PM 2:45

BK

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M00000000189

1. Limited Liability Company's Name

SENIOR LIVING / MT. HUNTER'S WOODS,
LLC
09

800167980038

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 10 Woodbridge Center Dr. Suite, Apt. #, etc. Suite 420 City & State Woodbridge, NJ Zip Country 07095 USA		3. Mailing Office Address 10 Woodbridge Center Dr. Suite, Apt. #, etc. Suite 420 City & State Woodbridge, NJ Zip Country 07095 USA	
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4. State/Country of Formation Delaware	
5. Date Organized or Qualified To Do Business in Florida 1/31/2000	
6. FEI Number 364342608	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Corporation Service Company			
Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street			
Suite, Apt. #, Etc.			
City Tallahassee	State FL	Zip Code 32301	

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

Sue G. Knight

Sue G. Knight
as its agent

Date 2-4-10

REGISTERED AGENT MUST SIGN

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
mbr	Alexander C. Markawits	10 Woodbridge Center Dr.	Woodbridge, NJ 07095

REINSTATEMENT 2009-2010

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

Alex Markawits

Date 2/1/10

Daytime Phone #

732-582-0900

Typed or printed name of signing Managing Member/Manager

Alex Markawits



CORPORATION SERVICE COMPANY

M0000000189

ACCOUNT NO. : I20000000195

REFERENCE : 268335 7161432

AUTHORIZATION :

[Signature]

COST LIMIT : \$543.75

ORDER DATE : January 29, 2010

282.50

ORDER TIME : 9:27 AM

ORDER NO. : 268335-110

CUSTOMER NO: 7161432

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 FEB -4 PM 2:45

REINSTATEMENT

NAME: SENIOR LIVING/MT. HUNTER'S
WOODS, LLC

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 FEB -4 AM 10:41
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

[Signature]
EXAMINER'S INITIALS