

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

55007

APPLICATION
FOR
REINSTATEMENT

M00000000189

FILED

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1. DOCUMENT # M00000000189

Name and Mailing Address

0016534 01 MB 0.309 **AUTO TO O 0615 60606-160425

SENIOR LIVING/MT. HUNTER'S WOODS, LLC

C/O HSA COMMERCIAL, INC.

180 NORTH WACKER DRIVE, SUITE 500

CHICAGO IL 60606-1604

03 OCT 31 AM 8:52

TALLAHASSEE, FLORIDA

BK



2. New Mailing Address

17 Spring Place

City, State, Zip
Morristown, NJ 07960

Principal Place of Business

C/O HSA COMMERCIAL, INC.

180 NORTH WACKER DRIVE, SUITE 500

CHICAGO IL 60606

3. New Principal Place of Business Address

17 Spring Place

City, State, Zip
Morristown, NJ 07960

4. State/Country of Formation

DE

5. Date Organized or Qualified To Do Business in Florida

01/31/2000

6. FEI Number

36-4342608

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

LEXIS DOCUMENT SERVICES, INC.

1201 HAYS STREET

TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name
NRAI SERVICES INC

Street Address (P.O. Box Number is Not Acceptable)
526 E. PARK AVENUE

City
Tallahassee FL Zip Code
32301

10. 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

Ed HANNA
REGISTERED AGENT MUST SIGN

Date 3/23/01

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	HSA-DOA, LLC	180 N. WACKER DR., STE. 500 17 Spring Place	CHICAGO IL 60606 Morristown, NJ 07960

REINSTATEMENT 2063

BK

12. 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

Pincus Band
SIGNATURE REQUIRED

Date 10/30/03

Daytime Phone # (973) 292-0552

Typed or printed name of signing Managing Member/Manager

Pincus Band

CR2E034 (7/03)

M000000000184

(2)

Signature Attachment

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03 OCT 31 AM 8:52

TALLAHASSEE, FLORIDA

Senior Living/Mt Hunters Woods, LLC

By: PRAM/MHW Realty, LLC its Managing Member

By: Pincus Rand its Managing Member

Pincus Rand

Date: October 31, 2003

[Handwritten signature]

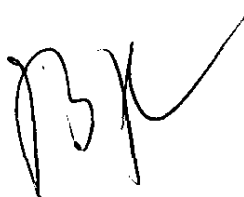
MO0000000189 (5)

Senior Living Mt. Hunters Woods,
17 Spring Place
Morristown, NJ 07960
(973) 292-0552

FILED
OCT 31 AM 8:52
TALLAHASSEE, FLORIDA

October 30, 2003

Secretary of State
Corporate Filing Section
409 E. Gaines Street
Tallahassee, FL 32399



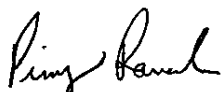
Re: Senior Living/Mt. Hunters Woods, LLC

Gentlemen:

Attached please find payment for reinstatement. We had a change of ownership/location and we failed to receive the necessary documentation to renew our status.

In view of this fact, anything done in our favor will be greatly appreciated.

Sincerely yours,



Pincus Rand
Managing Member