

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

M01000001668

2002 NOV 15 AM 11:02

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # M01000001668

Name and Mailing Address

0007269 01 FP 0.352 **PRSRT T2 0 0615 30097-512177



ELMCROFT ASSISTED LIVING, LLC
1140 OLD PEACHTREE RD., STE. E
DULUTH GA 30097-5121



2. New Mailing Address

4801 Olympic Park Plaza, Suite 1400

City, State, Zip

Louisville, Ky 40241

Principal Place of Business

1140 OLD PEACHTREE RD., STE. E
DULUTH GA 30097

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

GA

5. Date Organized or Qualified
To Do Business in Florida

07/25/2001

6. FEI Number 58-2634768

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

9. Name and Address of New Registered Agent

Name

NA

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

City

FL

Zip Code

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

Barbara A. Burke

BARBARA A. BURKE
SPECIAL ASSISTANT SECRETARY

Date

11/11/02

REGISTERED AGENT MUST SIGN

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 |
|-----------|--------------------------------------|---|----------------------|
| President | Gary A. Smith, Sr | 4801 Olympic Park Plaza Suite 1400 | Louisville, Ky 40241 |
| Chairman | Andy L. Schoepf | 1140 Old Peachtree Rd. Ste. E | Duluth, GA 30097 |
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REINSTATEMENT 2002

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

Gary A. Smith, Sr

Date

10/28/02

Daytime Phone #

(502) 425-0544

Typed or printed name of signing Managing Member/Manager

Gary A. Smith, Sr

x202

CR2E084 (8/02)



FILED

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

October 29, 2002

Florida Department of State

Re: 2002 Annual Reports

Enclosed, please find the following annual reports:

- Elmcroft Assisted Living, LLC Annual Report
- Elmcroft GP, Inc Annual Report
- Elmcroft of Jacksonville, LP Annual Report

All related payments for fees and penalties are attached to each report. If you should have any questions regarding these reports, please contact me at (502) 425-0544, Ext 203.

Regards,

A handwritten signature in black ink, appearing to read "D. Aaron Dean".

D. Aaron Dean
Controller, Elmcroft Assisted Living