

MD80000002037

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**LIMITED LIABILITY REINSTATEMENT
SENIOR RESOURCE GROUP, LLC**

Certificate of Status	0
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # MD8000002037			
1. Limited Liability Company's Name <i>Senior Resource Group, L.L.C.</i>			
2. Principal Office Address - No P.O. Box # <i>500 Stevens Ave.</i> Suite, Apt. #, etc. <i>Suite 100</i>		3. Mailing Office Address <i>500 Stevens Ave.</i> Suite, Apt. #, etc. <i>Suite 100</i>	
City & State <i>Solana Beach, CA</i>		City & State <i>Solana Beach, CA</i>	
Zip <i>92075</i>		Zip <i>92075</i>	
Country <i>US</i>		Country <i>US</i>	
4. State/Country of Formation <i>Delaware</i>		5. Date Organized or Qualified To Do Business in Florida <i>06-15-2011</i>	
6. Filing Number <i>06-1582041</i>		7. Certificate of Status Desired ☒ <i>Yes</i> ☐ <i>No</i>	
8. Name and Address of Current Registered Agent Name <i>GT Corporation System</i> Street Address (P.O. Box Number is Not Applicable) <i>1200 South Pine Road</i> Suite, Apt. #, Etc. City <i>Plantation</i>		E-mail Address <i>L.Schultz@SRG-llc.com</i> (To be used for future annual report notices)	
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <i>[Signature]</i> Date <i>February 10, 2012</i>		Assistant Secretary	
10. Names and Street Addresses of Managing Members/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SRG Partners Management Services	500 Stevens Ave. Suite 100	Solana Beach, CA 92075
MGR	SRG Partners LLC	500 Stevens Ave. Suite 100	Solana Beach, CA 92075
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. Further, I certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of Section 805.406, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.14, F.S.			
Signature of Managing Member/Manager <i>[Signature]</i> Date <i>2/9/2012</i>		Daytime Phone # <i>858-782-9380</i>	
Typed or printed name of signing Managing Member/Manager <i>Wendy L. Peterson, EVP</i>			