PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 FEB 16 PM 12:54

400295635214

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/14)

DOCUMENT # M15000008397

1. Limited Liability Company's Name
North Port Health Investors, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1300 Spring Street	1300 Spring Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 205	Suite 205
City & State	City & State
Silver Spring, MD	Silver Spring, MD
Zip / Country	Zip / Country
20910 / USA	20910 / USA

4. State/Country of Formation
Delaware

5. Date Organized or Qualified To Do Business in Florida
October 20, 2015

6. FEI Number
☑ 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
Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable) Suite,
1201 Hays Street

Apt. #, Etc.

City: Tallahassee | State: FL | Zip Code: 32301

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 M. Zender — REGISTERED AGENT MUST SIGN
Melissa Zender
Asst. Vice President
Date 2/16/17

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
Member	Daniel Castleberry	1300 Spring Street, Suite 205	Silver Spring, MD 20910

11. E-mail Address: dcastleberry@meridiansenior.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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 s. 817.155, F.S.

Signature of authorized representative/member Sheldon Bender Date 2/13/17 Daytime Phone # 215-569-5406

Typed or printed name of signing authorized representative/member Sheldon Bender

FEB 16 2017

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 512628 4311863

AUTHORIZATION :

COST LIMIT : $ 377.50

ORDER DATE : February 15, 2017

ORDER TIME : 9:45 AM

ORDER NO. : 512628-005

CUSTOMER NO: 4311863

REINSTATEMENT

NAME: NORTH PORT HEALTH INVESTORS, LLC

XX___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS _____