ONS BEFORE CAREFACTURE OF SERVICE PLEASE READ AL

LIMITED LIABILITY				
COMPANY				
REINSTATEMENT				



FORIDA DEPARTMENT OF STATE Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

١

DOCUMENT #	M97000000508
------------	--------------

1. Limited Liability Company's Name

Suite, Apt. #, Etc.

Senior Campus Living, LLC

1200 South Pine Island Road

SERVICE - 3 PM 2: 53
TALLAHASSEE FLORIDA
40002141642 R7199/0301058005

FILED.

		101	166/98	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	PARTI	
2. Principal Office Address 701 Maiden Choice Lane		3. Mailing Office / 701 Maid	Address en Choice Lane	4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Maryland 5. Date Organized or Qualified To Do Business in Florida August 14, 1997		
City & State Baltimore, Maryland		City & State Baltimor	e, Maryland	6. FEI Number 52-2003375	Applied For Not Applicable	
Zip 21228	Country	Zip 21228	Country	7.	5.00 Additional Fee required for a Certificate of Status	
		8. Name	and Address of Current Regist	tered Agent		
,	Name CT Corporation S	System				
	Street Address (P.O. Rox Number is Not Acceptable)					

-	City Plantation		State Zip Code FL 33324			
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			Date			
10. Name	s and Street Addresses of Managing Members/Managers					
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip			
	SEE ATTACHED ADDENDUM					
	<u> </u>	TATEMENT 1998-	2013			
- 9						

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

Bruce R. Grindrod, Jr. Typed or printed name of signing Managing Member/Manager

Date 7/2/03 Daytime Phone # 410-737-8882

FL110 - 11/13/02 C T System Online



DDENDUM

LIMITED LIABILITY COMPANY REINSTATEMENT FLORIDA DEPARTMENT OF STATE

Names and Street Address of Managing Members/Managers

John C. Erickson 701 Maiden Choice Lane, Baltimore, Maryland 21228 MGRM

Michael J. Erickson 701 Maiden Choice Lane, Baltimore, Maryland 21228 MGRM

Bruce R. Grindrod, Jr. 701 Maiden Choice Lane, Baltimore, Maryland 21228 MGRM

Robert J. Lambrix 701 Maiden Choice Lane, Baltimore, Maryland 21228 MGRM

Bernard M. Hirl 701 Maiden Choice Lane, Baltimore, Maryland 21228 MGRM

Craig A. Erickson 701 Maiden Choice Lane, Baltimore, Maryland 21228 MGRM

Mark R. Erickson 701 Maiden Choice Lane, Baltimore, Maryland 21228 MGRM

Scott R. Erickson 701 Maiden Choice Lane, Baltimore, Maryland 21228 MGRM

