

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUL 26 AM 9:10

MJH

DOCUMENT # M98000000337

1. Limited Liability Company's Name

Tuscawilla Arden, LLC

2. Principal Office Address

333 North Summit

Suite, Apt. #, etc.

Tax Dept

City & State

Toledo OH

Zip

43604-2617

Country

US

3. Mailing Office Address

333 North Summit

Suite, Apt. #, etc.

Tax Dept

City & State

Toledo OH

Zip

43604-2617

Country

US

4. State/Country of Formation

DE

5. Date Organized or Qualified
To Do Business in Florida

4-9-98

6. FEI Number

52-2092162

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

CT Corporation System

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

1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State
FL

Zip Code

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

Charlotte Renee Cruz

Date

7-10-00

REGISTERED AGENT MUST SIGN Charlotte Renee Cruz, Asst. Secretary.

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ManorCare Health Services, Inc.	333 N. Summit St.	Toledo, OH 43604

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

X O L Gehrich

Date

7-6-00

Daytime Phone #

(419) 252-5760

Typed or printed name of signing Managing Member/Manager

David L Gehrich

REINSTATEMENT 99-2000