

192
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 NOV -3 AM 11:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N03000003113

1. Corporation Name

SOUTH FLORIDA SENIOR RESIDENCES, INC.

2. Principal Office Address

1801 Clint Moore Road

Suite, Apt. #, etc.

Suite 200

City & State

Boca Raton, Florida

Zip

33487

Country

USA

3. Mailing Office Address

500 Lake Cook Road

Suite, Apt. #, etc.

Suite 130

City & State

Deerfield, Illinois

Zip

60015

Country

USA

REINSTATEMENT 04
MRS

4. Date Incorporated or Qualified

To Do Business in Florida 04/10/2003

5. FEI Number

71-0943551

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State
FL

Zip Code

32301-2525

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Sheryl C. Allen, ACST-V.P.
REGISTERED AGENT MUST SIGN

Date

11-2-04

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Robert Weinstein, M.D.	500 Lake Cook Road, Ste. 130	Deerfield, IL 60015
V/T/D	Stuart Levine	500 Lake Cook Road, Ste. 130	Deerfield, IL 60015
S/D	Melvin Rosenberg	500 N. Michigan, Ste. 1700	Chicago, IL 60611
D	Martin Jaffe	1926 Harrison Street	Hollywood, FL 33020

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid, and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. 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:

Robert Weinstein, M.D.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/29/04
PRES/DIR

847/267-0043

Daytime Phone #

CP2E081 (01/04)



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 0721000000032

REFERENCE : 952452 4802844

AUTHORIZATION :

COST LIMIT : \$ 236.25

Patricia Tzgia

ORDER DATE : November 2, 2004

ORDER TIME : 10:11 AM

ORDER NO. : 952452-005

CUSTOMER NO: 4802844

CUSTOMER: Ms. Bonnie Heacock
Neal Gerber & Eisenberg LLP
Suite 2200
Two North LaSalle Street
Chicago, IL 60602

DOMESTIC FILINGS

NAME: SOUTH FLORIDA SENIOR
RESIDENCES, INC.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Justin Cheshire

EXAMINER'S INITIALS 2909

RECEIVED
04 NOV -3 AM 10:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA