PLEASE ŘÉÄĎ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT SOCIETARY OF STATE SOCIETARY OF STATE SOCIETARY OF STATE DOCUMENT # NO300008094 1. Composition Name ASSOCIATION, INC. 2. Principal Office Addisos 2. State Control South, Act. 8, etc. Control Con	REINSTATEMENT DOCUMENT # NO300008094 1. Corporation Name A. Corporation Name A. SOCIATION, IAC 2. Principal office Address A. SOCIATION, IAC Sulfa, Apr. V. etc. D. Jox 6572 4. The last Incorporated of Chiladres City & State City & State City & State To De Bulletian For STATUS DESIRED TO DESTRIV Contry To Street Address of Current Registered Agent To Street Address of Contry Street Address of Contry To Street Address of Each Officer and/or Officer of Contry To Street Address of Each To Street Address	•			· · · · · · · · · · · · · · · · · · ·	-					
ASSOCIATION, INC. 2. Principal Office Address 2. Principal Office Address 3. Mailing Office Address 4. Des Incorporated or Qualified 7. Name and Address or Courrent Registranted Agent 1. Des Incorporated or Qualified 7. Name and Address or Courrent Registranted Agent 1. Des Incorporated Operators 8. Street Address Or O. By Number is Not Accorporated 8. Surface Address Or O. By Number is Not Accorporated 8. Surface Qualified 9. Name and Street Address of Seath Officer and or Operators 9. Name and Street Address of Seath Officer and or Operators 1. Des Incorporated the registered agent of the above named corporation, and familiar with and accept the deligations of section 607.050s or 617.0500, F.S. 9. Names and Street Address of Seath Officer and or Operators 1. Des Incorporated Operators 1. Des Incorporation Des Incorporated Operators 1. Des Incorporation	ASSOCIATION, INC. 2. Principal Citics Address ANDING Monte Address ASSOCIATION, INC. 2. Principal Citics Address ANDING Monte Address ANDING Monte Address ANDING Monte Address ANDING MONTE AND ANDIRECT AN		District Large	Secretary of S	State		05 APR 12 AM				
ASSOCIATION, INC. 2. Principal Office Address 2. Principal Office Address 3. Mailing Office Address 4. Des Incorporated or Qualified 7. Name and Address or Courrent Registranted Agent 1. Des Incorporated or Qualified 7. Name and Address or Courrent Registranted Agent 1. Des Incorporated Operators 8. Street Address Or O. By Number is Not Accorporated 8. Surface Address Or O. By Number is Not Accorporated 8. Surface Qualified 9. Name and Street Address of Seath Officer and or Operators 9. Name and Street Address of Seath Officer and or Operators 1. Des Incorporated the registered agent of the above named corporation, and familiar with and accept the deligations of section 607.050s or 617.0500, F.S. 9. Names and Street Address of Seath Officer and or Operators 1. Des Incorporated Operators 1. Des Incorporation Des Incorporated Operators 1. Des Incorporation	ASSOCIATION, INC. 2. Principal Citics Address ANDING Monte Address ASSOCIATION, INC. 2. Principal Citics Address ANDING Monte Address ANDING Monte Address ANDING Monte Address ANDING MONTE AND ANDIRECT AN					SECRETALLO STATE					
2.5 Mink 5 7 . # 6 Suite, Apr. #, etc. 4. Date incorporated or Qualified To be Business in Forcisa To be Busi	2.25 Mind ST. ** C Suite, Apt. #, etc. Suite, Apt	1. Corporation Name	LANDI	NG HOME CO	UNERS		IMCCAMA				
2.5 Mink 5 7 . # 6 Suite, Apr. #, etc. 4. Date incorporated or Qualified To be Business in Forcisa To be Busi	2.25 Mind ST. ** C Suite, Apt. #, etc. Suite, Apt	Assa	CIATION,	INC							
Surie, Apr. 4, etc. Surie, Apr. 4, etc.	Sulfe, Apt. 4, etc. Sulfe, Apt. 4, etc.		ss		1895	REIN	STATEME	NT 04-05			
City & State STP Name City & State St	City & State City & State City	Suite, Apt. #, etc.	· • •	Suite, Apt. #, etc.							
STRING Country String	STEPL ADDRESS STATUS DESIRED STATU	City & State		City & State	 	To Do Busir	ness in Florida	·			
Street Address (P.O. Bgx Number is Not Acceptable) Street Address (P.O. Bgx Numbe	Street Address (P.O. Bgx Number is Not Acceptable) Street Address (P.O. Bgx Number is Number	NESDA	FL	DESTIN, FC				<u> </u>			
Name Tose M. Settern Total T	Name TOSEPH M. SHEY TN 14/26/15-11058-0103 **23 25			Zip 32.5 40 Co	MALOOSA	6.	OF STATIS DECIDED [] \$8.75	Additional Fee required			
Name Tose M. Settern	Name TosePH M. S.HEY The Tologo S. 1 4 0 8 5 0	J 2) F 0	UKA WOSA	7 Name and Address	e of Current Pagleton	ad Agest	101	a Certificate of Status			
Street Address (P.O. By, Number is Not Acceptable) Suito, Apt. 9. Etc. Suito, Apt. 9. Etc. Suito, Apt. 9. Etc. City DESTIN REGISTEPED AGENT MUST SIGN 1. Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. All Clark Hales Name of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) P. All Clark Hales Name of Officer and/or Directors Note of Officer and/or Director (City / State / Zip Note of Officer and/or Dir	Street Address (P.O. Bgn Number is Not Acceptable) Street Address (P.O. Bgn Number is Not Acceptable) State, Agt, v. Stc. State, Agt, v. Stc. City DESTIN State City DESTIN REGISTERED AGENT MUST SIGN Proposition of Discovery and Corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S. Signature of Registered Agent REGISTERED AGENT MUST SIGN Proposition of Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Name of Officers and/or Directors Street Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Proposition of Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Name of Officers and/or Director (Florida nonprofit corporations must list at least 3 directors) Total Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Total Address of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Total Address of Each Officer and/or Director (Florida nonprofit corporation nonprofit corporation has been placed in the profit of this application as provided for in chapter 607 or 617, F.S. I further cartily that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporation has been pulsayed has been passed in the own and or quily for an exemption under section 119,07(3)(i), F.S. The information indicated on this application is two employed and my signature shall have the same legal effect as it made under cath. Signature: 2 / As/os 27-///	Name -	T				00052140	<u> </u>			
Suite, Ags., Etc. Suite, Ags., Etc. City DeSpin 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 REGISTEPED AGENT MUST SIGN 9. Names and Street Addresses of Each Officer and/or Director (Fiorda nonprofit corporations must list at least 3 directors) P. GOLSON HINES VA. S. Sureflexon M. P. COLSON HINES VA. S. Sureflexon M. DESTIN, FL. 32459 TONY RodRigner 10. I cortily 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 oved by the corporation have been paging in the names of individuals tisted on this form do not qualify for an exemption under section 119.07(3)(), F.S. The information indicated on this application is to remove the paging of the names of individuals tisted on this form do not qualify for an exemption under section 119.07(3)(), F.S. The information indicated on this application is to remove the paging of the names of individuals tisted on this form do not qualify for an exemption under section 119.07(3)(), F.S. The information indicated on this application is to remove the paging of the names of individuals tisted on this form do not qualify for an exemption under section 119.07(3)(), F.S. The information indicated on this application is to remove the paging of the names of individuals tisted on this form do not qualify for an exemption under section 119.07(3)(), F.S. The information indicated on this application is to remove the paging of the names of individuals tisted on this formation of the paging of the pagi	Suite, Ap. I. Etc. Suite,				TR						
City DESTIN 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 REGISTEPED AGENT MUST SIGN 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 Officer and/or Directors City / State / Zip P Goldan Hides 465. Swettenant DESTIN, FL. 32459 T TORY Robbi GOVE 2 695. Sure Horont RI DESTIN, FL. 72459 TORY Robbi GOVE 2 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. Hurther certify that when filling 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 paigling in 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 the example of the same legal effect as If made under oath. SIGNATURE:	Suite 209 City DeSTIN 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 9. Names and Street Addressas of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles Officers and/or Directors Officers and/or Directors Officer and/or Director Officer and/or Director Destination Position Accept the obligations of section 607.0505 or 617.0503, F.S. Street Address of Each Officers and/or Directors Officer and/or Director Officers and/or Director Destination Destination Total Acceptance Officer and/or Director Officer and/or Director Destination Destination Destination Total Acceptance 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 cartily that when filling this reinstatement application, the reason for dissolution has been eliminated, the comporate name satisfies the requirements of section 607.0401 or 617.0401, F.S. that all fees owed by the corporation have been pair 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 in the energy of the corporation have been pair 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 in the energy of the corporation have been pair 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 in the energy of the corporation and the energy of the corporation in the energy of	Street Addi	ress (P.O. Box Number is N	ot Acceptable		O0	00052140	850			
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 REGISTERED AGENT MUST SIGN 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 Directors Officer and/or Director Director Officer and/or Director	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 REGISTEDED AGENT MUST SIGN 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 Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) P GOLIAM HINES Y/6. S. Alve HENON N/7 DESTIN FL. 32459 IF TORY ROSK INVESTINATION DESTINATION DESTINATION FL. 32459 TORY ROSK INVESTIGATION DESTINATION DESTINATION FL. 32459 10.1 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 filling 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 paiging the names of individuals listed on this form do not qualify for an examption 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 each. SIGNATURE:	Suite, Apt	#, Etc.			04726		**70 . 00			
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 REGISTERED AGENT MUST SIGN 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 Directors Officer and/or Director Director Officer and/or Director	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 REGISTEDED AGENT MUST SIGN 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 Addresses of Each Officer and/or Director (Plorida nonprofit corporations must list at least 3 directors) P GOLIAM HINES Y/6. S. Alve HENON N/7 DESTIN FL. 32459 IF TORY ROSK INVESTINATION DESTINATION DESTINATION FL. 32459 TORY ROSK INVESTIGATION DESTINATION DESTINATION FL. 32459 10.1 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 filling 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 paiging the names of individuals listed on this form do not qualify for an examption 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 each. SIGNATURE:	5	VITE 209				Ctobs 7:- Code				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles		ESTIN				·	,			
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	8. I, being appointed the	registered agent of the abo	ve named corporation, am familia	r with and accept the o	bligations of section	on 607.0505 or 617.0503, F.S.				
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Titles	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 Officer and/or Director DESTIN, FL. 32459 VP—WILLIAM ANDER GONDON 108 5: BUE HENONIN DESTIN, FL. 32459 TONY ROBLIGUES 69. SUVE HENONIN DESTIN, FL. 32459 10.1 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 filling 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 pain 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 two end accounts and my signature shall have the same legal effect as if made under oath. SIGNATURE:	Signature of Registered Agent Date 2/28/05									
Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director P GOLJON HINES 465. Ilve Heavy II VP WILLIAM ALOX GONDON 108-5. SUre Heavy II TONY ROSK INVESTIGATION FC. 72459 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 filling 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 over 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:	Titles Name of Officers and/or Directors Street Address of Each Officer and/or Director City / State / Zip P GORJON HINES 465. (Ive Heaven M. DESDIN, FC. 32459 VP WILLIAM ARISK GORDON 108-5. (SUE HEAVEN M. DESDIN, FC. 72459 T TORY Robbicaves 69.5. (Aux Heaven R.) DESDIN, FC. 32459 10. I contrib 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 filling 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 in the names of individuals tisted 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:	REGISTERED AGENT MIGST SIGN									
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 filling 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 pain 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:	P GORSON HINES 465. Swelferon M. DESTIN, FL. 32459 VP—WILLIAM ANDE GONDON 1085. SWE HERON M. DESTIN, FL. 32459 T TORY Rosking 695. Swelferon M. Destin, Fl. 32459 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 filling 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 paging 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:		Name of		Street Address of Each	1	City / State	/ Zip			
To full locality 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 filling 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:	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 filling 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 pair 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:	P GOR	Now HINES	465.0	TWE HEXON L		DESTIN !	1.32459			
To full locality 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 filling 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:	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 filling 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 pair 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:	VP-Willi	om Alex G	mbox 1085.	RUE HOR	ONRS-	DEDIN FL	32459			
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:	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:	T TORY	Robling					32459			
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:	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:										
SIGNATURE: 2 /28/05 837-1171	SIGNATURE: 2 /28/05 837-1171	this reinstatement ap owed by the corporat	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 pained 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 uns application is	accounte and my	shall have the same lega	i enect as ii made unde	n oaul.	1.1. 8.	50-			
		SIGNATURE:		/			18/05 83	7-1171			
			ANATURE AND TYPED OR	INTED NAME OF SIGNING OFFICER	OR DIRECTOR		Day i	me Phone #			