2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2004
Secretary of State

DOCUMENT# N03000008209

Entity Name: FRIEND'S ASSISTANT LIVING FACILITY, INC.

Current Principal Place of Business:

1102 ALAMEDA AVENUE
FORT PIERCE, FL 34982

New Principal Place of Business:

Current Mailing Address:

1102 ALAMEDA AVENUE
FORT PIERCE, FL 34982

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CAMPBELL, IANTHY
1102 ALAMEDA AVENUE
FORT PIERCE, FL 34982 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: CAMPBELL, IANTHY
Address: 1032 MARTINIQUE AVE.
City-St-Zip: FORT PIERCE, FL 34982

Title: VP ( ) Delete
Name: MILLER, NOVLETTE
Address: 122 ALDEA STREET
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: ST ( ) Delete
Name: THOMPSON, MELISSA
Address: 704 MAPLE STREET
City-St-Zip: FORT PIERCE, FL 34982

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: IANTHY CAMPBELL P 10/21/2004
Electronic Signature of Signing Officer or Director — Date