


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT			FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # <i>NO5000009988</i>			
1. Corporation Name <i>Mercy Home Assisted Living Corporation</i>			
2. Principal Office Address <i>259 S. Winter Way</i> Suite, Apt. #, etc.		3. Mailing Office Address <i>222 Sail Boat Dr.</i> Suite, Apt. #, etc.	
City & State <i>Lake City, FL</i> Zip <i>32025</i> Country		City & State <i>Nashville, TN</i> Zip <i>37217</i> Country	

FILED

05 OCT 26 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

600060988466
10/28/05--01004--003 **\$1.25

CR2E081 (8/05)

4. Date Incorporated or Qualified To Do Business in Florida	
5. FEI Number <i>54-1650980</i>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name <i>Clara L. Ferguson</i>		
Street Address (P.O. Box Number is Not Acceptable) <i>259 South winter way</i>		
Suite, Apt. #, Etc.		
City <i>Lake City</i>	State <i>FL</i>	Zip Code <i>32025</i>

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 <i>Clara L. Ferguson</i>	Date <i>10-15-05</i>
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 Director	City / State / Zip
Pres	Clara L Ferguson	222 Sail Boat Dr	Nashville Tenn 37207
Suc	Deloir E Watson	10527 S.W. State Rd 47,	Fort White FLA 32032
Trea sure	Alice Giles	6900 Blue Mountain Land	Anhock TN 37213

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: *Clara L. Ferguson* *10-15-05* *615-399-7387*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

T. Lewis

MERCY HOME ASSISTED LIVING CORPORATION, INC.
LAKE CITY, FLORIDA 32025

CLARA FERGUSON, PRESIDENT

ATTN: Thelma Lewis

I didn't received the
Annual report for this Year.
Please waiver the annual report fee.
therefore \$61.00 is the only amount I'm
require to pay, to complete this process.

Thank you
Clara Ferguson President