PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 APR 12 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48589

1. Corporation Name
Florida Advocates for Nursing Home Improvement, Inc.

2. Principal Office Address	**3.** Mailing Office Address
10955 W. Villa Monte Dr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Mukilteo, WA	
Zip: 98275 Country:	Zip: Country:

4. Date Incorporated or Qualified To Do Business in Florida: 4/24/92

5. FEI Number: 593124945 ☐ 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: Kevin McLean

000004037270--8
-04/23/01--01005--029
****297.50 ****297.50

Street Address (P.O. Box Number is Not Acceptable): 2909 W. Bay-to-Bay Blvd

Suite, Apt. #, Etc.: Penthouse

REINSTATEMENT

City: Tampa State: FL Zip Code: 33629

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: [signature] Date: 3/28/01
REGISTERED AGENT MUST SIGN

CR2E081 (9/00)

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	Mary Gorale	10955 W. Villa Monte Dr Mukilteo, WA 98275	
VP	Dan Goralewski	PO Box 735 Pendleton, OR 97801	
Sec	Christine Pacini	35910 Johnstown Rd Farmington Hills, MI 48335	
Tres	Michael Knox	6023 S. 2nd St Tampa, FL 33611	
Dir	Kevin McLean	2909 W. Bay-to-Bay Blvd Tampa FL 33629	
Dir	Anna Spinella	4714 Euclid Ave Tampa FL 33629	

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: [signature] Kevin A. McLean 3/28/01 813 837 7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #