JAN. 17. 2007 12:33PM C S C NO. 165 P. 2

H07000014429 3

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2007 JAN 17 AM 6:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000003248

1. Corporation Name
East Coast Extended Care Inc.

2. Principal Office Address	3. Mailing Office Address
200 Congress Park Dr.	200 Congress Park Dr.
Suite, Apt. #, etc. 100	Suite, Apt. #, etc. 100
City & State Delray Beach, FL	City & State Delray Beach, FL
Zip 33445 Country USA	Zip 33445 Country USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number — X Applied For / Not Applicable

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: Steven M. Auerbacher, Esq.
Street Address (P.O. Box Number is Not Acceptable): 200 Congress Park Drive
Suite, Apt. #, Etc.: 104
City: Delray Beach State: FL Zip Code: 33445

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] (REGISTERED AGENT MUST SIGN) Date: 1/10/07

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
CEO/S	Christopher Crosby	200 Congress Park Dr. Suite 101	Delray Beach, Fl 33445
CFO/T	Patrick S. Kirse	200 Congress Park Dr. Suite 100	Delray Beach, Fl 33445
		REINSTATEMENT	TS 1/18/07
			04-07

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 with 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 contained in Chapter 119, 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] CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/07
Date

561-360-6008 x 224
Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-1000
Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

EAST COAST EXTENDED CARE, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$1,208.75

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