

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000082495

1. Corporation Name

PACIFIC ASSISTED LIVING, INC.

Principal Place of Business

23317 LAGO MAR CIRCLE
BOCA RATON FL 33433

Mailing Address

23317 LAGO MAR CIRCLE
BOCA RATON FL 33433

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

08/28/2000

5. FEI Number

65-1036147

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
D	LILLO, TROTZKI	23317 LAGO MAR CIRCLE	BOCA RATON FL 33433
D	LILLO, MARIA A	23317 LAGO MAR CIRCLE	BOCA RATON FL 33433

4000008593364
10/25/02--01058--007 **150.00

8. Name and Address of Current Registered Agent

LILLO, MARIA A
23317 LAGO MAR CIRCLE
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-23-02

11. 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:

Trotzki Lillo
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-23-02(561)394-3454

Date

Daytime Phone #



PACIFIC ASSISTED LIVING
A MEMBER OF THE SENIOR'S CHOICE®

20f2

Wednesday, October 23, 2002

Florida Department Of State
Division Of Corporations
P.O. Box 6327

Dear Sir or Madam:

We regret our failure to file the 2002 Corporation annual report in accordance with Florida Statutes. The reason for this failure is that we expended most the year in Los Angeles California and we did not receive the original UBR reports to file. This is the first time that we have failed to do the UBR.

Again, please accept our apologies, and we ask that you please reinstate Pacific Assisted Living, Inc. To this effect we are enclosing the \$ 150.00 fee applicable to a for-profit corporation.

Thank you

Trotzki Lillo, President
Pacific Assisted Living, Inc.