1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

~~CORPORATION~~ REINSTATEMENT

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JUL 10 PM 4:05

DOCUMENT # P00000103747

1. Corporation Name

ALL SEASONS ASSISTED LIVING, Inc.

4 BR
01-02

2. Principal Office Address	**3.** Mailing Office Address
1131 W. Lake Brantley Rd.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
	1131 W. Lake Brantley Road
City & State	City & State
Altamonte Springs, FL	altamonte Springs
Zip 32714 Country ~~S~~ FLORIDA	Zip 32714 Country FL

4. Date Incorporated or Qualified To Do Business in Florida NOV 6, 2000

5. FEI Number 59-3679855 ☐ 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 ANTONIETTA B. LLANES

000006665860--0
-07/25/02--01062-012
****308.75 ****308.75

Street Address (P.O. Box Number is Not Acceptable) 2608 Herbison ~~Street~~ are Drive

Suite, Apt. #, Etc.

City Orlando | State FL | Zip Code 32810

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 _____ Date 7/10/02
REGISTERED AGENT MUST SIGN

CR2E061 (9/01)

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.	ANTONIETTA LLANES	2608 Herbison Drive	Orlando, FL 32810
		ORLANDO, FL 32810	
VICE PRES.	WILFREDO M. LLANES	2608 HERBISON DR.	Orlando, FL 32810
		ORLANDO, FL 32810	

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: ANTONIETTA B. LLANES - PRESIDENT 7/9/02 (407)395-4861
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

B

July 10, 2002

Dept of State
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

To whom this may concern,

This is to inform you that I am requesting your re-consideration of reinstating the all Seasons assisted Living, Inc; Document # P00000103747. Since this corporation has been filed; I have never received any notice of any kind because it went to a different address instead of 1131 W. Lake Brantley Rd altamonte Springs, FL 32714.

Thank you & hoping for your kind consideration on this matter. It is highly appreciated.

Very truly yours,

ANTONIETTA LLANES
PRESIDENT