

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION



FLORIDA DEPARTMENT OF STATE

Jim Smith

Secretary of State

DIVISION OF CORPORATIONS

FILED

02 OCT 28 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

DOCUMENT # P01000031690

1. Corporation Name

SENIORBRIDGE FAMILY COMPANIES (FL), INC.

Principal Place of Business

9900 STIRLING RD. STE 219
COOPER CITY FL 33024

Mailing Address

~~9900 STIRLING RD. STE 219~~
~~COOPER CITY FL 33024~~
830 Third Avenue
5TH FLOOR
NY NY 10022

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

830 Third Avenue 5th floor

Suite, Apt. #, etc.

Accounting Dept.

City & State

New York NY

Zip

10022

Country

Manhattan

4. Date Incorporated or Qualified
To Do Business in Florida

03/28/2001

5. FEJ Number

65-1096853

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

SOSNOW, LAWRENCE I

~~575 LEXINGTON AVE~~

830 3rd Avenue 5th floor

NEW YORK NY 10022

200008634472
10/28/02--0111--012 **150.00

8. Name and Address of Current Registered Agent

SOSNOW, LAWRENCE I
9900 STERLING ROAD, STE. 219
COOPER CITY FL 33024

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

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 REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-24-02

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)(f), 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-24-02

Date

Daytime Phone #

212-994-

0128

CR2E040 (8/02)

SeniorBridge Family Companies, Inc.

830 Third Avenue

New York, NY 10022

Tel 212 994-6000

Toll-free 888 321-6161

Fax 212 994-4260

www.seniorbridgefamily.com



October 24, 2002

Florida Department of State
Division of Corporations
Annual Report/Reinstatement Section
Tallahassee, FL 32314-6327

RE: SeniorBridge Family Companies (FL), Inc.
FEIN: 65-1096853

Dear Secretary:

We respectfully request a waiver of the \$600.00 reinstatement fee. We did not receive the previous mailings from your office. We have provided the correct mailing address on the enclosed "Application for Reinstatement". We executed the enclosed form immediately upon its receipt.

Thank you for your consideration. Our payment (check #23228) for \$150.00 is enclosed.

Very truly yours,

SeniorBridge Family Companies, Inc.

Richard Williams
Director of Finance