PS 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 MAY 25 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000050762

1. Corporation Name
FOUR SEASONS ALF, INC.

800037289898
05/25/04--01037--013 **300.00

REINSTATEMENT 03-04

2. Principal Office Address	**3.** Mailing Office Address
5080 WAYSIDE DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: SANFORD FL	City & State
Zip: 32771 / Country	Zip / Country

4. Date Incorporated or Qualified To Do Business in Florida

5. FEI Number: 02-0597154 — 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: CARLOS, CARVIZ

Street Address (P.O. Box Number is Not Acceptable): 5080 WAYSIDE DR

Suite, Apt. #, Etc.

City: SANFORD | State: FL | Zip Code: 32771

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 _____ X Date x 5/21/04
REGISTERED AGENT MUST SIGN

CR2E081 (01/04)

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
PD	CARLOS, CARVIZ	5080 WAYSIDE DR	SANFORD, FL 32771
STD	CARLOS, JOYCELYN	5080 WAYSIDE DR	SANFORD, FL 32771

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: X _____ 5/19/04 (321) 689 2276
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

P5 282

May 19, 2004

Florida Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314-6327

Dear Sir/Madam:

Re: FOUR SEASON ALF, INC.
Document #: P02000050762

We did not receive our prior uniform business report notices for year 2003 and 2004 and would like the reinstatement fees to be waived and our corporation reinstated. Enclosed, is our completed application for re-instatement and our check in the amount of $300.00 which represents the filing fees for years 2003 and 2004.

Your assistance is greatly appreciated.

Sincerely

Carviz Carlos
President