

**2007 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P03000131918

**FILED  
Oct 01, 2007  
Secretary of State**

**Entity Name:** FLORIDA SHORES ASSISTED LIVING, INC.

**Current Principal Place of Business:**

1229 MANGO TREE DRIVE  
EDGEWATER, FL 32132

**New Principal Place of Business:**

**Current Mailing Address:**

1229 MANGO TREE DRIVE  
EDGEWATER, FL 32132

**New Mailing Address:**

**FEI Number:** 37-1478437      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

NUDALO, ISABELO JR.  
1229 MANGO TREE DRIVE  
EDGEWATER, FL 32132    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ISABELO NUDALO, JR

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title:            PTD            ( ) Delete  
Name:            NUDALO, ISABELO JR.  
Address:        1229 MANGO TREE DRIVE  
City-St-Zip:    EDGEWATER, FL 32132

Title:            VSD            ( ) Delete  
Name:            NUDALO, ZENIA  
Address:        1229 MANGO TREE DRIVE  
City-St-Zip:    EDGEWATER, FL 32132

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:            PTD            (X) Change ( ) Addition  
Name:            NUDALO, ISABELO JR.  
Address:        1229 MANGO TREE DRIVE  
City-St-Zip:    EDGEWATER, FL 32132 US

Title:            VSD            (X) Change ( ) Addition  
Name:            NUDALO, ZENIA  
Address:        1229 MANGO TREE DRIVE  
City-St-Zip:    EDGEWATER, FL 32132 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ISABELO NUDALO, JR

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PTD

10/01/2007

\_\_\_\_\_  
Date