2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000153749

City-St-Zip:

PALM HARBOR, FL 34683 US

Entity Name: SENIOR ADVISOR GROUP INCORPORATED

FILED Oct 29, 2004 Secretary of State

| Current Principal Place of Business: | | | New Principal Place o | New Principal Place of Business: | |
|--------------------------------------|-------------------------------------------|--------------------------------------------------------------------|--------------------------------------|----------------------------------------------|--|
| | _ MEADOWS C ARBOR, FL 346 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| | _MEADOWS C ARBOR, FL 346 | | | | |
| FEI Numbe | er: 20-0503784 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name an | d Address of C | Current Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| 540 STILI | OL, KEVIN _ MEADOWS C ARBOR, FL 346 | | | | |
| | e named entity te of Florida. | submits this statement for the | e purpose of changing its registered | I office or registered agent, or both, | |
| SIGNATL | JRE: | | | | |
| | Electror | nic Signature of Registered A | Agent | Date | |
| | | 3(2)(b), F.S., the corporation did g Trust Fund Contribution(). | not receive the prior notice. | | |
| OFFICER | RS AND DIREC | TORS: | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: Address: | MCNICHOL, KE | Delete EVIN DOWS CIRCLE | Title: Name: Address: | () Change () Addition | |

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: KEVIN MCNICHOL P 10/29/2004