2005 FOR PROFIT CORPORATION REINSTATEMENT

05 SEP 27 AM 11:26

DOCUMENT # P03000158334

1. Entity Name
D.S. DRELICH & ASSOCIATES, THE SENIOR GROUP, INC.

Principal Place of Business	Mailing Address
12869 SHUMARD PLACE JACKSONVILLE, FL 32246	12869 SHUMARD PLACE JACKSONVILLE, FL 32246

2. Principal Place of Business	3. Mailing Address
7077 Bonneval Rd	
Suite, Apt. #, etc. #380	Suite, Apt. #, etc.
City & State Jacksonville FL	City & State
Zip 32246 Country USA	Zip Country

REINSTATEMENT CR2E098 (6/04) 05

4. FEI Number 84-1633148 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DRELICH, DOUG S 12869 SHUMARD PLACE JACKSONVILLE, FL 32246	Name Street Address (P O Box Number is Not Acceptable) City FL Zip Code

8. 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. I am familiar with and accept the obligations of registered agent.

SIGNATURE [signature] — 9/23/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After January 1, 2006, Fee will be $300.00

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

900006012599
09/30/05--01053--009 **150.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD DRELICH, DOUG S 12869 SHUMARD PLACE JACKSONVILLE, FL 32246 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V DRELICH, MERCY 12869 SHUMARD PLACE JACKSONVILLE, FL 32246 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] — 9/23/05 — 904-281-0960 x144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #