

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P04000014923

Entity Name: CRES ASSISTED LIVING, INC.

FILED
Oct 23, 2008
Secretary of State

Current Principal Place of Business:

1636 SHANGRI-LA DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1636 SHANGRI-LA DRIVE
DAYTONA BEACH, FL 32119

New Mailing Address:

1344 N WEMBLEY CIRCLE
PORT ORANGE, FL 32128

FEI Number: 20-0224194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IGNACIO, EDITHA
1636 SHANGRI-LA DRIVE
DAYTONA BEACH, FL 32119 US

Name and Address of New Registered Agent:

SHAHZADA, CRESILDA
1344 N WEMBLEY CIRCLE
PORT ORANGE, FL 32128 US

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: CRESILDA SHAHZADA

10/23/2008

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: DPT () Delete
Name: SHAHZADA, CRESILDA
Address: 1344 N WEMBLEY CIR
City-St-Zip: PORT ORANGE, FL 32128

Title: VPF (X) Delete
Name: IGNACIO, EDITHA
Address: 1536 SHANGRILADR
City-St-Zip: DAYTONA BEACH, FL 32119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SHAHZADA, CRESILDA
Address: 1344 N WEMBLEY CIR
City-St-Zip: PORT ORANGE, FL 32128

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CRESILDA SHAHZADA

P

10/23/2008

Electronic Signature of Signing Officer or Director

Date