

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

06 OCT -2 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P04000093947

1. Corporation Name

ANNA CRYSTAL SENIOR LIVING, INC.

2. Principal Office Address

3564 SW 5TH COURT

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33312

Country

U.S.A.

3. Mailing Office Address

6805 NW 29TH AVENUE

Suite, Apt. #, etc.

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

U.S.A.

REINSTATEMENT 05-06

CR2E081 (12/05)

4. Date Incorporated or Qualified
To Do Business in Florida

06/18/2004

5. FEEL Number

20-1340668

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

DEXTER PARRIS

Street Address (R.O. Box Number is Not Acceptable)

5011 SW 11TH CIRCLE

Suite, Apt. #, Etc.

City
MARGATE

State

FL

Zip Code

33068

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

REGISTERED AGENT MUST SIGN

Date

9/28/06

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
P	DONNA RUSSELL-BANTON	6805 NW 29TH AVENUE	FT. LAUDERDALE, FL 33309
D	DEXTER PARRIS	5011 SW 11TH CIRCLE	MARGATE, FL 33068

DP 10/4

10080367401
10/02/06--01060--002 **300.00

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 contained in Chapter 119, 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:

Donna Russell-Banton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/28/06

Date

(954)449-6110

Daytime Phone #

**DONNA RUSSELL-BANTON
6805 NW 29TH AVENUE
FT. LAUDERDALE, FL 33309**

**FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

September 27, 2006

**Re: Re-instatement of Corporation
DOCUMENT # P04000093947**

Gentlemen,

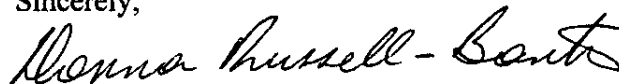
I'm submitting this letter as a requirement to re-instatement my Corporation ANNA CRYSTAL SENIOR LIVING, INC. I did not received prior notices from the Division for two consecutive years, 2005 and 2006 for renewal of the above named Corporation.

I'm forwarding \$300.00 to meet the requirement for re-instatement for the years indicated in this letter.

If further information is required in the processing of this request, please inform me at your earliest convenience.

Thank you.

Sincerely,



Donna Russell-Banton
(President)