PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

192

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P05000073707

1. Corporation Name

HAMPTON MANOR WEST COAST, INC.

REINSTATEMENT 06-07 DS8

CR2E081 (12/05)

2. Principal Office Address	3. Mailing Office Address
1731 SW 2nd Avenue	
Suite, Apt. #, etc.: Suite C	Suite, Apt. #, etc.
City & State: Ocala, Florida	City & State
Zip: 34474 Country: USA	Zip Country

4. Date Incorporated or Qualified To Do Business in Florida: May 18, 2005

5. FEI Number: 20-2856091 ☐ 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: Peder L. Johnsen

Street Address (P.O. Box Number is Not Acceptable): 1731 SW 2nd Avenue

Suite, Apt. #, Etc.: Suite C

City: Ocala State: FL Zip Code: 34474

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: _____ Date: 9-26-07

REGISTERED AGENT MUST SIGN

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
PD	Peder L. Johnsen	1731 SW 2nd Ave., Suite C	Ocala, FL 34474
SD	Leonard Johnsen	1731 SW 2nd Ave., Suite C	Ocala, FL 34474

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: _____ Peder L. Johnsen, Pres. 9-26-07 352-387-1046

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

292

Florida Department of State
Division of Corporations
Public Access System

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:
Division of Corporations
Fax Number : (850)205-0384

From:
Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
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Fax Number : (850)558-1575

CORPORATION REINSTATEMENT

HAMPTON MANOR WEST COAST, INC.

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	$908.75