

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 11 AM 8:00

DOCUMENT # P22225

1. Corporation Name

LTC OF WASHINGTON, INC.

Principal Place of Business

Mailing Address

~~1650 LOS GAMOS DR~~
~~SAN RAFAEL CA 94903~~
US

~~1650 LOS GAMOS DRIVE~~
~~SAN RAFAEL CA 94903-1699~~
US

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

6630 W Broad St.

Suite, Apt. #, etc.

3. New Mailing Office Address, If Applicable

6630 W Broad St.

Suite, Apt. #, etc.

City & State

Richmond VA

Zip

23230

Country

US

City & State

Richmond VA

Zip

23230

Country

US

REINSTATEMENT

03

4. Date Incorporated or Qualified
To Do Business in Florida

12/22/1988

5. FEI Number

91-1295015

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

| Title(s) 1 | Name of Officers and/or Directors 2 | Street Address of Each Officer and/or Director 3 | City / State / Zip 4 |
|---------------|---|---|--|
| PD | SKIFF, THOMAS A Thomas M. Stinson | 1650 LOS GAMOS DRIVE 6630 W Broad St. 5th floor | SAN RAFAEL CA 94903 Richmond, VA 23230 |
| V | FUCCI, RICHARD Jamie Miller | 6604 W. BROAD STREET 5th floor | RICHMOND VA 23230 |
| S | KANE, DAVID N Ward Bobitz | 1650 LOS GAMOS DRIVE 6630 W Broad St. | SAN RAFAEL CA 94903 Richmond, VA 23230 |
| T | PRIZZIA, GARY T | 6620 W. BROAD ST., 4TH FLOOR | RICHMOND VA 23230 |
| | | | |
| | | | |
| | | | |

300025416773

12/11/03 01018-029 **750.00

8. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY

1201 HAYS ST

TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Ward Bobitz

REGISTERED AGENT MUST SIGN

Date 11/20/03

11. 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 under section 119.07(3)(i), 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:

Ward Bobitz

Ward Bobitz

11/25/03

804-662-2560

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2ED40 (7/03)