FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 JAN 28 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (1/07)

DOCUMENT #P94000070657

1. Corporation Name

PBG MEDICAL MALL SNF, INC.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
197 1ST AVNUE		197 1ST AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: NEEDHAM, MA		City & State: NEEDHAM, MA	
Zip: 02494	Country: USA	Zip: 02494	Country: USA

4. Date Incorporated or Qualified To Do Business in Florida: 9/26/94

5. FEI Number: 65-0537305 ☐ 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: CT CORPORATION SYSTEM

Street Address (P.O. Box Number Is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.:

City: PLANTATION | State: FL | Zip Code: 33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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: Connie Burgess (CONNIE BURGESS) Date: 1/11/08

REGISTERED AGENT MUST SIGN

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

Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D	ABRAHAM D GOSMAN	513 N COUNTY ROAD	W. PALM BEACH, FL
VT	JEFFREY P BENSON	197 FIRST AVENUE	NEEDHAM, MA 02494

REINSTATEMENT 01-08

RR

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: /s/ Joseph J. Luzinski JOSEPH J. LUZINSKI 1/11/08 954-468-1717

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

FL010 - 1/17/07 C T System Online

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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.

(((H08000021414 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6384

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5926

1/25/08

CORPORATION REINSTATEMENT

PBG MEDICAL MALL SNF, INC.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$1,800.00

RH

Electronic Filing Menu Corporate Filing Menu Help