EASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State FILED REINCTATEMENT **DIVISION OF CORPORATIONS** 01 JAN -2 PM 3:46 P94000072895 DOCUMENT # 1. Corporation Name SECRETARY OF STATE TALLAHASSEE, FLORIDA SOUTHERN ASSISTED PROPERTIES, INC. Mailing Address Principal Place of Business 2409 N. UNIVERSITY DR 2409 N. UNIVERSITY DR -C/O PARKWOOD C/O PARKWOOD **CORAL SPRINGS FL 33065** -CORAL SPRINGS-FL 33065 If above addresses are incorrect in any way, line through incorrect information and enter correction below 2. New Principal Office Address, If Applicable STATE WIOECONST. J 3 New Mailing Office Address, If Applicable ... Date Incorporated or Qualified
To Do Business in Florida 09/29/1994 1 ON University DR Suite, Apt. #, etc. 03 B 5. FEI Number Applied For City & State No. University De 65-0528814 City & State Suite 1033 Not Applicable 6. \$8.75 Additional Fee required CERTIFICATE OF STATUS DESIRED CORAL SPEUM -for a Certificate of Status-BROWNED ~Blowned 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors) Street Address of Each Name of Officers City / State / Zip Officer and/or Director Title(s) and/or Directors CORAL SPRINGS FL-83865-33071 <del>2409 N: UNIVERSITY DR</del> P FRYBERGH, PHILIP L 1775 ZAGIETRACE BILLOW 900003533869--9 -<del>| -01/11/01--01108--004</del> \*\*\*\*150.00 \*\*\*\*150.00 9. Name and Address of New Registered Agent 8. Name and Address of Current Registered Agent ARABIAN, ROBERT A 8333 WEST MCNAB ROAD TAMÁRAC FL 32321 the appve named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. 10. I, being appointed th Signature of Ū Registered Agent REGISTERED GENT MUST SIGN requiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling 11. I certify that I am an officer or director or the 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:

REINTED NAME OF SIG

12-21-00 mfind rg Luc a chfor

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