FILED

14 JAN 21 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE C

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2R081 (11/10)

DOCUMENT # P94000091489

1. Corporation Name
The Fountains Nursing Home, Inc.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3800 N. Federal Highway		740 East Avenue	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Boca Raton, FL		Rochester, NY	
Zip	Country	Zip	Country
33431	USA	14607	USA

4. Date Incorporated or Qualified To Do Business in Florida
12-16-1994

5. FEI Number
65-0619523
Applied For
Not Applicable

6. CERTIFICATE OF STATUS DESIRED — $5.00 Additional Fee Required For a Certificate of Status

7. Name and Address of Current Registered Agent

Name
C T Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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: Margaret E. Routzahn — MARGARET E. ROUTZAHN, Special Assistant Secretary — Date: 1/21/2014

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
P/D	Robert W. Hurlbut	295 Ambassador Drive	Rochester, NY 14610
VP/S/D	Christine A. Hurlbut	796 Beach Avenue	Rochester, NY 14612

REINSTATEMENT 2013 2014

JAN 21 2014

L. SELLERS

10. E-mail Address: rwhurlbut@hurlbutcare.com
(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE: [signature] 1/20/14
SIGNATURE AND TYPED OR PRINTED NAME OF ELECTED OFFICER OR DIRECTOR — Date — Daytime Phone #

FL818 - 05/13/2013 Wolters Kluwer CCH

Florida Department of State
Division of Corporations
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.

(((H14000016000 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)878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

CORPORATION REINSTATEMENT
THE FOUNTAINS NURSING HOME, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$900.00

Electronic Filing Menu Corporate Filing Menu Help