

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 MAR 18 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000036199

1. Corporation Name

Continental Health Care Properties, Inc.

2. Principal Office Address

4951 Tamiami Trail North

Suite, Apt. #, etc.

Suite #3

City & State

Naples FL

Zip

34103
33940

Country

USA

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

REINSTATEMENT

01-02

**4. Date Incorporated or Qualified
To Do Business in Florida**

5/4/1995

5. FEI Number

59-3436312

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

Christian F. Henning Jr.

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

4951 Tamiami Trail N.

Suite, Apt. #, Etc.

Suite 3

City

Naples

State

FL

Zip Code

34103

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****300.00 ****300.00

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

Chris F. Henry Jr.

Date 3/15/02

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	Joseph A. Rosin	4951 Tamiami Tr. N. 555 Skokie Blvd #350	Northbrook IL 60062
STD	Andrea Michna	555 Skokie Blvd #350	Northbrook IL 60062

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 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:

Andrea Michna

3/15/02

Date

847 291 3700

Daytime Phone #

CR2E001 (9/01)

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