May 10, 2001 8:00 am DOCUMENT # P95000076823 Secretary of State KNIGHT MANOR HOMES OF MIAMI, INC. 05-10-2001 90122 037 ***150.00 Principal Place of Business Mailing Address 4300 N. UNIVERSITY DRIVE 4300 N. UNIVERSITY DRIVE SUITE A-106 SUITE A-106 100004 FORT LAUDERDALE FL 33351 FORT LAUDERDALE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0640918 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAWRENCE A. LEVINE, P.A. Street Address (P.O. Box Number is Not Acceptable) 4300 N. UNIVERSITY DRIVE SUITE A-106 FORT LAUDERDALE FL 23351 City Zip Code FL 8. The above named enchanging its registered office or registered agent, or both, in the State of Florida. SIGNATURE ______Signatur ...le if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intengible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change TITLE ☐ Delete TITLE LEVIN. LAWRENCE A. NAME NAME 4300 N. UNIVERSITY DRIVE, A-106 STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP FORT LAUDERDALE FL 33351 Change ☐ Addition TITLE ☐ Delete TITLE MURPHY, WILLIAM M. NAME NAME 4300 N. UNIVERSITY DRIVE, D-103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33351 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change LEVIN, HOWARD A. NAME NAME 4300 N. UNIVERSITY DRIVE, A-106 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33351 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

ed with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information eport is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director e empowered by explute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supp indicated on this report or supplement of the corporation or the receiver, or changed, or on an attachment with ike empowered

SIGNATURE:

NTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURA