PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
99 APR 28 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P95000084342

1. Corporation Name: Windsor Pointe of Jacksonville, Inc.

Mailing Address / Principal Place of Business

10161 Centurion Parkway North
Suite 150
Jacksonville, Florida 32256

98-99 AR

REINSTATEMENT

If above addresses are incorrect in any way, line through incorrect information and enter correction above.

2. New Mailing Address, if Applicable
see above
Suite, Apt. #, etc.
City & State
Zip Country

3. New Principal Office Address, if Applicable
Suite, Apt. #, etc.
City & State
Zip Country

4. Date Incorporated or Last Filed if Qualified to Do Business in Florida
10/30/95

5. FEI Number
59-3353830

6. CERTIFICATE OF STATUS DESIRED [X] $8.75 Additional Fee required for a Certificate of Status.

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

Type	Name of Officers and/or Directors	Street Address of Each Officer and/or Director. Do NOT use Post Office Box Numbers.	City, State, Zip
P/D	John K. Sisk	10161 Centurion Parkway, N. Suite 150	Jacksonville, Florida 32256
VP/S	Ernestine Clark	10161 Centurion Parkway, N. Suite 150	Jacksonville, Florida 32256

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-04/30/99--01138--017
****900.00 ****900.00

8. Name and Address of Current Registered Agent

John S. Duss, IV
200 West Forsyth Street, Suite 1600
Jacksonville, Florida 32202

9. Name and Address of New Registered Agent

Name: John S. Duss, IV
Street Address: P.O. Box Number is Not Acceptable
10110 San Jose Poulevard
Suite, Apt. #, etc.
City: Jacksonville
State: FL Zip Code: 32257

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent: John S. Duss IV
REGISTERED AGENT MUST SIGN
Date: April 6, 1999

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box [ ] See other side for additional information.

12. Does this corporation pay any intangible tax to the Dept. of Revenue under S. 199.032, Florida Statutes. Yes [ ] No [X] See other side for information on intangible tax.

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further request the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i). In the event that the information supplied is deemed exempt from public access, 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. 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: John K. Sisk, President — (904) 620-0994
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #