

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

02 JUL 22 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



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

DOCUMENT # P96000047290
1. Corporation Name
SENIOR LIVING NETWORK, INC.

300006854709--1
-08/01/02--01047--005
****300.00 ****300.00

2. Principal Office Address
1765 EVA LANC
Suite, Apt. #, etc.

3. Mailing Office Address
1765 EVA LANC
Suite, Apt. #, etc.

City & State
MALABAR, FL

City & State
MALABAR, FL

Zip
32950 Country
BREVARD

Zip
32950 Country
BREVARD

4. Date Incorporated or Qualified To Do Business in Florida
5/29/1996

5. FEI Number
65-0674083 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
CARON P. ROWE

Street Address (P.O. Box Number is Not Acceptable)
1765 EVA LANC

Suite, Apt. #, Etc.

City
MALABAR State
FL Zip Code
32950

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
Caron Powers Rowe Date
5/28/02

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
<u>PDS</u>	<u>Rowe, Caron P.</u>	<u>1765 EVA LANC</u>	<u>MALABAR, FL 32950</u>
<u>VD</u>	<u>Gudberg, SARA S.</u>	<u>13110 MARSH FERN DR.</u>	<u>ORLANDO, FL 32828</u>

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: Caron P. Rowe / Caron P. Rowe Date
5/28/02 Daytime Phone #
407-230-8333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE

SENIOR LIVING GUIDE

Date: 5/28/02

To: Florida Department of State, Division of Corporations

Re: Corporation Reinstatement for Senior Living Network, Inc.

Upon recent conversation with your offices regarding my corporation not receiving its Annual Report, found that our corporation was dissolved in September, 2001. I was informed that all that was necessary for reinstatement was to inform you via letter that the Annual Reports were not received, fill out the reinstatement form, and include a check for the past two years. *at Normal fee.*

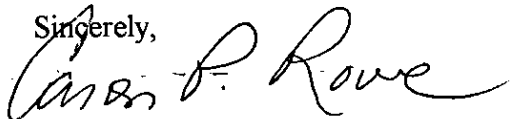
I am enclosing all of the above to complete the reinstatement for Senior Living Network, Inc. Should there be any further questions, please contact me at: 407-230-8553. Additionally, for your reference, the last address of record that you have is:

1326 Malabar Road, Suite 8
Palm Bay, FL 32907
(No longer a valid address)

Our new address is:

1765 Eva Lane
Malabar, FL 32950

Sincerely,



Caron P. Rowe
President