

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 18 AM 8:00

DOCUMENT # P96000047290

1. Corporation Name

SENIOR LIVING NETWORK, INC.

REINSTATEMENT 03

MRS

2. Principal Office Address

1765 EVA LANE

3. Mailing Office Address

1765 EVA LANE

500024796375
11/18/03--01020--030 **150.00

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MALABAR FL

City & State

MALABAR FL

Zip

Country

32950 BREVARD

Zip

Country

32950 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 ☐

\$875 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 LANE

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

REGISTERED AGENT MUST SIGN

Date

10/23/03

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>PAS</u>	<u>Rowe, CARON P</u>	<u>1765 EVA lane</u>	<u>MALABAR, FL 32950</u>
<u>VS</u>	<u>GOLDBERG, SARA S.</u>	<u>1311-D MARSA FERN DR</u>	<u>DELANDO, FL 32825</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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/23/03

Daytime Phone #

321-952-7299
NEW #

CR2E081 (10/02)