

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 APR 12 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P96000101185

1. Corporation Name  
LOVE-N-CARE ASSISTED LIVING FACILITY

500098008765  
04/23/07--01038--002 \*\*2108.75

**REINSTATEMENT 98-07**

CR2E081 (1/07)

(Old Address - 1801 - 55th Ave W - Bradenton)

2. Principal Office Address - No P.O. Box # 5426 18th ST. WEST		3. Mailing Office Address P.O. Box 10738	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BRADENTON, FLORIDA		City & State BRADENTON, FLORIDA	
Zip 34207	Country U.S.A.	Zip 34282	Country U.S.A.

4. Date Incorporated or Qualified To Do Business in Florida 1/1/97	
5. FEI Number 65-0715765	Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$6.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent

Name  
SANDRA E. CAMPBELL

Street Address (P.O. Box Number is Not Acceptable)  
5426 18th ST. WEST

Suite, Apt. #, Etc.

City  
BRADENTON

State  
FL

Zip Code  
34207

The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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 Sandra Campbell Date 4/9/07  
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
P = President	SANDRA CAMPBELL	5426-18th St WEST.	BRADENTON, FL. 34207
S = Secretary	SABRINA CAMPBELL	5426-18th St WEST.	BRADENTON, FL. 34207
M = Manager	DANIEL CAMPBELL	5426-18th St WEST	Bradenton, FL 34207
D = Director	Joyce McDonald	5426-18th St WEST	Bradenton, FL 34207

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 contained in Chapter 119, 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: Sandra Campbell SANDRA CAMPBELL Date 4/9/07 941-993-0650  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

4/11/07