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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPOR REINSTATI	=		h 1	DEPARTMENT Katherine Harr Secretary of Sta	i s ite	02	CIÓN OF CIÓN OF	RY OF STATE CORPORATIO 8 PM 1:48	M)
DOCUMEI 1. Corporation Nam		98000	0 150	94]			
	3ch	er Mi	mor,	INC					
						EINSTATEMENT 00-02			
Suite, Apt. #, etc. Suite, Apt. #				, etc. H		4. Date Incorp	orated or Q		11998
City & State Coral S Zip	Pring	s <u>91</u>	City & State	Springs Country	} 1	5. FEI Numbe		27	Applied For Not Applicable
33065	<u>u.</u>	5, A	3306	5 k.s.	Α	CERTIFICATE	OF STATUS		ditional Fee required ertificate of Status
Name			7. !	Name and Address of	Current Registere	ed Agent	 		
Street Address (P.O. Box Number is Not Acceptable) 12332 N.W. 364h St. Suite, Apt. #, Etc.						3000048841383 -02/07/0201002022 -***1050.00 ***1050.00			
	Cora		109 S				FL	33665	
8. I, being appointed Signature of Registered Agent	the registere	see At	tache	oration, am familiar with	and accept the ob	oligations of section	on 607.0505 Date		CRZE081 (9/01)
9. Names and Stree	t Addresses	of Each Officer and	t/or Director (Flo	orida nonprofit corporat	ions must list at lea	st 3 directors)			
Titles	Name of Officers and/or Directors			Street Address of Each Officer and/or Director			City / State / Zip		
P/0 3a	ūgra	E. 1	Batiz	12332	nw 26	4h 5+	Cor	U Spring	s H 3300
Air >	Zong)	vd E.	Batız	12332	nu) 86	sh st	Cora	Springs	H. 33065
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						···		497	1/23
this reinstatement owed by the corpo	t application, t pration have t	the reason for disso been paid and the r	plution has been names of individi gnature shall ha	npowered to execute the eliminated, the componiuals listed on this form ove the same legal effective the same legal effec	ate name satisfies to do not qualify for an at as if made under	he requirements of n exemption under	of section 60	07.0401 or 617.0401, F. 9.07(3)(i), F.S. The info 9.54	S., that all fees mation indicated 9225

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,
the undersigned corporation organized under the laws of the State of Honda
submits the following statement in order to change its registered office or registered agent, or both, in
the State of Florida.
1. The name of the corporation: Scher Manor, Inc.
2. The mailing address of the corporation: 12366 Aw 26th Court Oord Springs, 11, 33065
(1978) Springs, 41, 33065 3. Date of incorporation/qualification: 02/16/1998 Document number 98000015099
4. The name and address of the current registered agent and office:
Sommerer Dian R ES6 3300 University Dr \$225 Coral Springs 91, 33065 5. The name and address of the new registered agent (if changed) and/or registered office (if changed): (P. O. Box Not Acceptable)
Ronald E. Batiz
) = (0)
12332 NW 26 St,
(cord) Springs 91, 33063
The street address of its registered office and the street address of the business office of its registered agent, as changed, will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board.
Signature of an officer, chairman or vice chairman of the board) (Signature of an officer, chairman or vice chairman) of the board)
Sandra E. Bat 12 President (Printed or typed name and title)
Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. Lfurther agree to comply with the provisions of all statutes relative to the proper and complete performance of my duries, and I am familiar with and accept the obligation of my position as registered agent.
(Signature of Registered Agent) Date)
If signing on behalf of an entity:
(Typed or Printed Name) (Capacity)
* * * FILING FEE: \$35.00 * * *

CR2E045(9/00)