

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

03 APR 29 AM 10:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

REINSTATEMENT 02-03

400017279874  
04/29/03--01033--003 \*\*900.00

**CORPORATION REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P98000015519

1. Corporation Name  
SELECT GROUP HOMES, INC

2. Principal Office Address  
4730 30th St. W

3. Mailing Office Address  
4730 30th St. W

Suite, Apt. #, etc.

City & State  
Bradenton, FL

City & State  
Bradenton, FL

Zip Country  
34027 US

Zip Country  
34207 US

4. Date Incorporated or Qualified To Do Business in Florida  
02/16/1998

5. FEI Number  
593497690

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  
FELDMAN, MARC H

Street Address (P.O. Box Number is Not Acceptable)  
3908 26th St. W.

Suite, Apt. #, Etc.  
Bradenton, FL

City  
Bradenton, FL

State  
FL

Zip Code  
34207

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  
[Signature]

REGISTERED AGENT MUST SIGN

Date  
2/4/03

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>D</u>	<u>FLIS, FRED</u>	<u>6108 26th St. W</u>	<u>Bradenton, FL 34207</u>
<u>D</u>	<u>BLACKBURN, MARYJANE</u>	<u>6608 Cass Ave</u>	<u>Bradenton, FL 34207</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  
[Signature] MARYJANE BLACKBURN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date  
4/24/03

Daytime Phone #  
941/751/1141

9/4/30