

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 DEC -6 PM 4:59

DOCUMENT # P98000038698

1. Corporation Name

National Senior Living, Inc.

2. Principal Office Address

8001 N. Dale Mabry Hwy

3. Mailing Office Address

same

Suite, Apt. #, etc.

Ste 501 - I

Suite, Apt. #, etc.

City & State

Tampa FL

City & State

Zip

33614

Country

USA

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

4/27/98

5. FEI Number

59-345-2282

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

John E. Hagan

200004725782

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

8001 N. Dale Mabry

-12/14/01--01007--005

***150.00 ***150.00

Suite, Apt. #, Etc.

Ste 501 - I

City

Tampa

State

FL

Zip Code

33614

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

11/21/01

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	John E. Hagan	8001 N. Dale Mabry Ste 501 - I	Tampa FL 33614
S	Thomas E. Hagan	8001 N. Dale Mabry Ste 501 - I	Tampa FL 33614

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] John E. Hagan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/21/01

Daytime Phone #

(813) 933-7898

CR2E081 (8/00)

8001 N Dale Mabry Suite 501-I
Tampa, FL 33614
813-933-7898
813-933-7677 fax

NATIONAL SENIOR LIVING, INC.

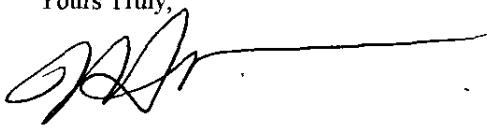
November 21, 2001

Florida Department of State
Divisions of Corporations
P.O. Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

This letter is to request that the fee for reinstatement be waived. National Senior Living, Inc. never received a notice of renewal. Enclosed please find a corporation reinstatement form, and a check for \$150.00 as requested.

Yours Truly,



John Hagan
President
National Senior Living, Inc.

