AUG-14-2001 17:02

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT 00101 WBR

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 AUG 22 PM 3:01

DOCUMENT # P98000100717

1. Corporation Name
The Senior Group, Inc.

700004560407--4
-08/28/01--01082--004
****300.00 ****300.00

2. Principal Office Address	3. Mailing Office Address
2785 S. Country Club Dr.	2785 S. Country Club Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Avon Park, FL	City & State: Avon Park, FL
Zip: 33825 Country: Highlands	Zip: 33825 Country: Highlands

4. Date Incorporated or Qualified To Do Business in Florida: 11/30/98

5. FEI Number: 65-0876997 ☐ 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: Christine Fitch

Street Address (P.O. Box Number is Not Acceptable): 2785 S. Country Club Dr.

Suite, Apt. #, Etc.:

City: Avon Park State: FL Zip Code: 33825

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: Christine Fitch Date: 8/16/01
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/S/D	Christine Fitch	2785 S. Country Club Dr.	Avon Park, Fl 33825

$8/8/23

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.

Christine Fitch

SIGNATURE: Christine Fitch, PRESIDENT 8/16/01 863 382 2546
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

TOTAL P.03

The Senior Group, Inc.
2785 S. Country Club Dr.
Avon Park, Fl 33825

(863) 382-2546

August 14, 2001

Florida Department of State
Katherine Harris
Secretary of State
Division of Corporations
P. O. Box 6327
Tallahassee, Fl 32314

Gentlemen:

Enclosed please find a reinstatement form for our corporation. Because of our change of business address, we never received our annual reporting forms in order to stay current. I believe your records reflect the return of your mailings to us.

A check for $300 is enclosed to cover the reinstatement fees applicable since we did not receive our mailings.

Respectfully,

Christine Fitch

Christine Fitch
President