PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 OCT 31 PM 12: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT 03

DOCUMENT # P-99000067706

1. Corporation Name

Watercrest Nursing and Rehabilitation Center, Inc.

2. Principal Office Address		3. Mailing Office Address	
1111 Kane Concourse			
Suite, Apt. #, etc. #301		Suite, Apt. #, etc.	
City & State Bay Harbor Islands, FL		City & State	
Zip 33154	Country USA	Zip	Country

4. Date Incorporated or Qualified To Do Business in Florida 7/30/99

5. FEI Number 65-093-7361 ☐ 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: Elite Healthcare Management, LLC

Street Address (P.O. Box Number is Not Acceptable): 1111 Kane Concourse

600024345246
10/31/03 01110 018 **750.00

Suite, Apt. #, Etc.: #301

City: Bay Harbor Islands State: FL Zip Code: 33154

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] Date 10/23/03

REGISTERED AGENT MUST SIGN

CR2E081 (10/02)

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
PSD	Lei H. Care	1111 Kane Concourse #301	Bay Harbor Islands, FL 33154

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] 10/23/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #