

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN 13 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000094436

1. Corporation Name

Safe Harbour Florida Health Care Properties, Inc.

2. Principal Office Address

4776 Elon Crescent

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33810-3713

Country

USA

3. Mailing Office Address

4776 Elon Crescent

Suite, Apt. #, etc.

City & State

Lakeland, Florida

Zip

33810-3713

Country

USA

4. Date Incorporated or Qualified

To Do Business in Florida 10/25/99

5. FEI Number

59-3605892

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

Donald G. Larder

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

4776 Elon Crescent

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33810-3713

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**

Donald G. Larder

Date

5-27-03

Donald G. Larder

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
DPD	Donald G. Larder	4776 Elon Crescent	Lakeland, FL 33810-3713

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald G. Larder

Date

Donald G. Larder 5/27/03

891-568-1165

Daytime Phone #

CR2E031 (10-02)