

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 NOV -3 AM 11:58

DOCUMENT # V43376

1. Corporation Name

SENIORS HOUSING PROPERTY GROUP, INC.

Principal Place of Business  
1131 SE THIRD AVENUE  
FT LAUDERDALE FL 33316  
US

Mailing Address  
1131 SE THIRD AVENUE  
FT LAUDERDALE FL 33316  
US



REINSTATEMENT

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If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified  
To Do Business in Florida

06/12/1992

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

65-0343357

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City / State / Zip
P	RASKA, DENISE R	1131 SE 3RD AVE	FT LAUDERDALE FL 33316
ST	RASKA, DENISE R	1131 SE 3RD AVE	FT LAUDERDALE FL 33316
D	ROE, BRUCE C	1131 SE 3RD AVE	FT LAUDERDALE FL 33316

700003473427--0

-11/21/00--01101--013

\*\*\*\*750.00 \*\*\*\*750.00

10/11/17

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

RASKA, DENISE REID  
1131 SE 3RD AVE.  
FT. LAUDERDALE FL 33316

Name

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

Suite, Apt. #, Etc.

City

State  
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Denise Reid Raska*  
REGISTERED AGENT MUST SIGN

Date 10.13.00

11. 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:

*Denise Reid Raska*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10.13.00 954.462-  
Date Daytime Phone #1162

CR20040 (8/00)