

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

DOCUMENT # **F99000001116**

1. Corporation Name

ASSISTED LIVING CONCEPTS SERVICES, INC.

Principal Place of Business

Mailing Address

11835 NE GLENN WIDING DRIVE. BLDG E
PORTLAND OR 97229

11835 NE GLENN WIDING DRIVE. BLDG E
PORTLAND OR 97229

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

02/26/1999

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

93-1229804

Applied For

Not Applicable

City & State

City & State

Zip Country Zip Country

97220-9057

97220-9057

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
P	WILSON, KAREN B WM. JAMES NICOL	11835 NE GLENN WIDING DR., BLDG E	PORTLAND OR 97220-9057
S	CAMPBELL, SANDRA	11835 NE GLENN WIDING DR., BLDG E	PORTLAND OR 97220-9057
CTD T	MCBRIDE III, WILLIAM DREW Q. MILLER	11835 NE GLENN WIDING DR., BLDG E	PORTLAND OR 97220-9057
D	LADD, RICHARD	11956 N SHADOW HILLS CT SE S	TURNER OR 97392
D	WM. JAMES NICOL	11835 NE GLENN WIDING DR., BLDG. E.	PORTLAND, OR 97220-9057

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

Name

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

Suite, Apt. #, Etc.

City

8000004703168-9

-12/04/01-01005-015

****750.00 ****750.00

FL

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.

Corporation Service Company

Signature of
Registered Agent by:

Vivien S. Mitchell

Date October 30, 2001

REGISTERED AGENT MUST SIGN
Vivien S. Mitchell, Assistant Secretary

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:

Sandra Campbell
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SANDRA CAMPBELL, SECRETARY

Date

Daytime Phone #

(563) 262-0311

CR2E040 (8/01)