

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood,
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L02000006417

Name and Mailing Address

0016920 01 MB 0.309 **AUTO H2 0 0615 91303-431014



ASSISTED LIVING REALTY INCOME PROPERTIES, LLC
22323 SHERMAN WAY
SUITE 14
WEST HILLS CA 91303-4310

US

2004 APR 26 P 12: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address 22144 CLARENDON ST. 115 City, State, Zip WOODLAND HILLS, CA 91367		4. State/Country of Formation FL	
Principal Place of Business 22323 SHERMAN WAY SUITE 14 WEST HILLS CA 91303 US		5. Date Organized or Qualified To Do Business in Florida 03/19/2002	
3. New Principal Place of Business Address 22144 CLARENDON ST. 115 City, State, Zip WOODLAND HILLS, CA 91367		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Name and Address of Current Registered Agent RICE, MELISSA K 1900 MAIN STREET SUITE 300 SARASOTA FL 34236		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S. Signature of Registered Agent [Signature] SIGNATURE 4-7-04 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	NGUYEN PHAM	22144 CLARENDON ST. 115 WOODLAND HILLS, CA 91367	WOODLAND HILLS, CA 91367
800030247938 03/10/04--01077--009 **200.00			
REINSTATEMENT 03-04			

12. I certify that I am managing member/owner or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

SIGNATURE REQUIRED

Date

3-1-04

Daytime Phone #

818-887-7423

Typed or printed name of signing Managing Member/Manager