PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
13 FEB -6 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/11)

DOCUMENT # L02000006417

1. Limited Liability Company's Name

Assisted Living Realty Income Properties, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
c/o Alan B. Schneider, Esq.		PO Box 14276	
Suite, Apt. #, etc. 633 South Federal Hwy, 8th FL		Suite, Apt. #, etc.	
City & State: Fort Lauderdale		City & State: Fort Lauderdale, FL	
Zip: 33301	Country: USA	Zip: 33302	Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 03/19/2002

6. FEI Number: 68-0509263 — Applied For / Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ **$5.00 Additional Fee required for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name: Alan B. Schneider, Esq.
Street Address (P.O. Box Number is Not Acceptable): 633 South Federal Highway
Suite, Apt. #, Etc.: 8th Floor
City: Fort Lauderdale State: FL Zip Code: 33301

E-mail Address:

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500244420435
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alan.schneider.esq@gmail.com

(To be used for future annual report notices)

9. 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 /s/ ALAN B. SCHNEIDER, ESQ. Date 2/4/2013
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
MGR	Pham, Andy	6040 S. Durango Dr., Suite 105	Las Vegas, NV 89113

REINSTATEMENT 2008-2013

11. I certify that I am managing member/manager 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager ____ Date 2-4-2013 Daytime Phone # 702-450-5566

Typed or printed name of signing Managing Member/Manager ____