

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

FILED

01 NOV 28 AM 9:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 700000002243

1. Limited Liability Company's Name

ALR Cambridge, LLC

900004717679--8

-12/10/01--01119--029

\*\*\*\*150.00 \*\*\*\*150.00

2. Principal Office Address

29425 Chagrin Boulevard

Suite, Apt. #, etc.

Suite 213

City & State

Beachwood, Ohio

Zip

44122

Country

U.S.A.

3. Mailing Office Address

Same as #2

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Ohio/USA

5. Date Organized or Qualified  
To Do Business in Florida

October 30, 2000

6. FEI Number

34-1937515

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

CT Corporation System

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

c/o CT Corp. System, 1200 South Pine Island Road

Suite, Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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

**PETER F. SOUZA**  
ASSISTANT SECRETARY

Date

11/16/01

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers  | Street Address of Each<br>Managing Member/Manager | City / State / Zip  |
|--------|---------------------------------------|---------------------------------------------------|---------------------|
| Mgrrm  | Assisted Living Residences,<br>L.L.C. | 29425 Chagrin Blvd., Suite 213                    | Beachwood, OH 44122 |
|        |                                       |                                                   |                     |
|        |                                       |                                                   |                     |
|        |                                       |                                                   |                     |
|        |                                       |                                                   |                     |
|        |                                       |                                                   |                     |

**REINSTATEMENT** *OK*

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.

Signature of  
Managing Member/Manager

Date

11-8-01

Daytime Phone # (216) 292-7950

Assisted Living Residences, L.L.C., by

Typed or printed name of signing Managing Member/Manager David A. Weisberg, President