May 27 03 [illegible] David [illegible] 216-368-9475 P.1

MAY-2[illegible]3 07[illegible] T CORPORATIO[illegible] .03 03

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

M00000002243

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 MAY 27 AM 11:07
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M00000002243

Name and Mailing Address

000[illegible] 01 FP 0.352 [illegible] TA 0 0615 44122-4602[illegible]

ALR CAMBRIDGE, LLC
29425 CHAGRIN BOULEVARD, SUITE 213
BEACHWOOD OH 44122-4602

5/27

2002-2003

AIJH

CR2E184 (8/02)

2. New Mailing Address	4. State/Country of Formation: OH
City, State, Zip	5. Date Organized or Qualified To Do Business in Florida: 10/30/2000
Principal Place of Business: 29425 CHAGRIN BOULEVARD, SUITE 213, BEACHWOOD OH 44122	3. New Principal Place of Business Address / City, State, Zip
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	9. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name: 800017205908 Street Address (P.O. Box Number is Not Acceptable): [illegible] 04/28/03 -01099--005 ##200.00 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: Barbara A. Burke BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY Date: 52703

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
MGRM	ASSISTED LIVING RESIDENCES, I L.C.	29425 CHAGRIN BLVD., SUITE 213	BEACHWOOD OH 44122

12. 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: _____ Daytime Phone #: _____

TOTAL P.03