


FROM : ASSOCIATESRREHABSOUTH

FAX NO. : 3055672545

Feb. 24 2006 05:41PM P1

**2006 FOR PROFIT CORPORATION
REINSTATEMENT****FILED**
Mar 15, 2006 8:00 A.M.
Secretary of State

DOCUMENT # P01000017127			
1. Entity Name 340 ASSISTED LIVING CORP.			
Principal Place of Business 340 S.W. 22ND ROAD MIAMI, FL 33125		Mailing Address 340 S.W. 22ND ROAD MIAMI, FL 33125	
2. Principal Place of Business 34 SW 22 Rd		3. Mailing Address 366 SW 22 Rd.	
Suite, Apt. #, etc. MIAMI FLA.		Suite, Apt. #, etc.	
City & State		City & State MIAMI FLA.	
Zip 33129	Country USA	Zip 33129	Country USA.
4. FEI Number 65-1086861		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ONTIVERO, DELIA 366 S.W. 22ND ROAD, MIAMI, FL 33125		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____			
FILE NOW!!! FEE IS \$310.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ONTIVERO, DELIA 366 S.W. 22ND ROAD MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400067965814 03/16/06--01013--001 ***300.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REINSTATEMENT 05-06 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 110, Florida Statutes. I further certify that the information indicated on this report or supplement to report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11.			
SIGNATURE: x Delia Ontivero.		2/24/06.	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF BOARDING OFFICER OR DIRECTOR</small>		<small>(Anytime Please)</small>	

2-17-06

To: Florida Department Of State, Division Of Corporations.
From: 340 Assisted Living Corp.
Delia Ontivero.

Please accept my petition for late fee exemption. Last year although I was willing to pay the late fees I didn't receive, via mail, your bill for \$150.00. I learned recently that there is a department in charge of waiving the penalties for those who never received the \$150.00 bill. Please accept my \$150.00 for last year and \$150.00 for this year. Also please add to my record my mailing address. My mailing address is 366 sw 26 rd. Miami Fla 33129. I own and operate an assisted living facility for elderly residents and they will sometimes pick up my mail. This is why I have the 366 address as my mailing address.

Thank you very very much. You can reach me at 305-218-0000.

Thank You, Delia Ontivero
Delia Ontivero.

Ref # P01000017127