

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 22 AM 11:51

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E081 (12/05)

DOCUMENT # P01000064266

1. Corporation Name

TVENTAS USA, INC.

2. Principal Office Address

11300 NW 131 ST.

Suite, Apt. #, etc.

City & State

MEDLEY, FL.

Zip 33178

Country DADE

3. Mailing Office Address

11300 NW 131 ST.

Suite, Apt. #, etc.

City & State

MEDLEY, FL.

Zip 33178

Country DADE

4. Date Incorporated or Qualified To Do Business in Florida

JUNE 22, 2001

5. FEI Number

65-1115082

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

FRED WRIGHT

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

11300 NW 131 ST.

Suite, Apt. #, Etc.

City

MEDLEY

State FL

Zip Code

33178

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent

[Handwritten Signature]

REGISTERED AGENT MUST SIGN

Date

3/10/2006

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
V/T/S/D	FRED WRIGHT	11300 NW 131 ST.	MEDLEY, FL. 33178
P/D	SAADIN SOLAH	JUAN DE ASCARAY 355	QUITO, EC SOUTH AMERICA
V/D	SAMIA SOLAH	JUAN DE ASCARAY 355	QUITO, EC SOUTH AMERICA
V/D	MARIA J. WRIGHT	11300 NW 131 ST.	MEDLEY, FL. 33178
			800069445428 04/04/06--01054--020 **1050.00

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. 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:

[Handwritten Signature]

FRED WRIGHT

3/10/2006

305-884-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Williams MAR 22 2006