

# **2006 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P05000144255

**FILED**  
**Oct 05, 2006**  
**Secretary of State**

**Entity Name:** ASSISTED HOME LIVING INC. #5

**Current Principal Place of Business:**

102 SW 19 RD  
MIAMI, FL 33129

**New Principal Place of Business:**

2720 SW 2 AVE.  
MIAMI, FL 33129

**Current Mailing Address:**

6776 SW 64 ST  
SOUTH MIAMI, FL 33143

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAMOS, JUAN  
6776 SW 64 ST  
SOUTH MIAMI, FL 33143      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: JUAN RAMOS

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title:                      P                      ( ) Delete  
Name:                      RAMOS, JUAN  
Address:                      6776 SW 64 ST  
City-St-Zip:                      SOUTH MIAMI, FL 33143

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:                      \_\_\_\_\_  
Address:                      \_\_\_\_\_  
City-St-Zip:                      \_\_\_\_\_

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN RAMOS

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

10/05/2006

\_\_\_\_\_  
Date