

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED


03 MAR -24 AM 10:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REINSTATEMENT

900015279529
04/03/03--01013--031 **\$8.75

900015279529
04/03/03--01013--030 **\$900.00

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 905952			
1. Corporation Name Health Care Property Investors, Inc.			
2. Principal Office Address 4675 MacArthur Court Suite, Apt. #, etc. 9th Floor City & State Newport Beach, CA Zip 92660		3. Mailing Office Address Same Suite, Apt. #, etc. City & State Country USA	

4. Date Incorporated or Qualified To Do Business in Florida 5/9/85	
5. FEI Number 330091377	Applied For <input checked="" type="checkbox"/> Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status	

7. Name and Address of Current Registered Agent		
Name NRAI		
Street Address (P.O. Box Number is Not Acceptable) 526 E. Park Avenue		
Suite, Apt. #, Etc.		
City Tallahassee	State FL	Zip Code 32302

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**

C. Baclet, U.P.

REGISTERED AGENT MUST SIGN

Date 3-24-03

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
	See Attached		

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 under section 119.07(3)(i), 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:

[Signature]

Edward J. Henning, SR VP

1/30/03

949-221-0600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

21 1/24