

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 JAN 11 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800165421618
01/08/10--01041--008 **521.25

CR2E041 (11/09)

DOCUMENT # **L05000104514**

1. Limited Liability Company's Name

**CARRIAGE HOUSE ASSITED LIVING FACILITIES
LLC**

2. Principal Office Address - No P.O. Box #

1832 Country Club Dr

Suite, Apt. #, etc.

3. Mailing Office Address

1832 Country Club Dr

Suite, Apt. #, etc.

City & State

Titusville

City & State

FLORIDA

Zip

32780

Country

USA

Zip

32780

Country

USA

4. State/Country of Formation

FLORIDA BREVARD

5. Date Organized or Qualified
To Do Business in Florida

9-26-2008

6. FEI Number

203324871

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

Name

Mona Rudziak

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

1880 KNOX MCRAE DRIVE

Suite, Apt. #, Etc.

D206

City

Titusville

State

FL

Zip Code

32780

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

9. 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

Mona Rudziak

REGISTERED AGENT MUST SIGN

Date

1-6-10

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MBM	MONA RUDZIAK	1880 KNOX MCRAE DR # D206	TITUSVILLE FL 32780
MBM	ANNE HARRIS	1832 Country Club Dr	TITUSVILLE FL 32780

11. E-mail Address:

cedrum@a-bellsouth.net

(To be used for future annual report notifications)

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

Mona Rudziak

Date

1-6-10

Daytime Phone #

321-383-3531

Typed or printed name of signing Managing Member/Manager