

L02000032670

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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L0203/24/04

DOCUMENT # L02000032670

1. Limited Liability Company's Name

Telenurse LLC

REINSTATEMENT

2003-
2004

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03/12/04--01055--003 **200.00

2. Principal Office Address

2260 Palm Bch Lks Blvd

Suite, Apt. #, etc.
210

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

West Palm Beach Fla

City & State

Zip
33409

Country
USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

Dec 2002

6. FEI Number

02-0655445

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

MANN & WOLF, LLP

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

4300 N. University Dr., Suite C-203

Suite, Apt. #, Etc.

City

Sunrise

State
FL

Zip Code
33351

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

REGISTERED AGENT MUST SIGN

Date 3/9/04

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
MGR	Jeffrey Dowling	11904 NW 9th St	Coral Springs FL 33409

REINSTATEMENT

2003-
2004

11. 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

Date 3-8-04

Daytime Phone # 954-647-9949

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)