Ltr 5/20/09 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JUN 15 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200156670722
06/02/09--01021--011 **238.75

CR2E041 (10/08)

DOCUMENT # L00000012996

1. Limited Liability Company's Name

Bibsy's Health Care Plus, LLC

2. Principal Office Address - No P.O. Box #		**3.** Mailing Office Address	
624 28th Street		~~712 21st Street~~ 624. 28 St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: West Palm Beach, Florida		City & State: West Palm Beach, Florida	
Zip: 33407	Country: United States	Zip: 33407	Country: United States

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number: 650995176 ☐ 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: Hyacinth Davis

Street Address (P.O. Box Number is Not Acceptable): 3526 Oberon Avenue

Suite, Apt. #, Etc.:

City: Boynton Beach | State: FL | Zip Code: 33436

☐ 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: Hyacinth Davis — REGISTERED AGENT MUST SIGN — Date: 3/26/09

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
Mgt.	Hyacinth Davis	3526 Oberon Avenue	Boynton Beach, Fl. 33436
Mgt.	Hilda May Davis	~~712 21st Street~~ 624. 28 St.	West Palm Beach, Fl. 33407

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06/17/09--01001--005 **138.75

REINSTATEMENT 2008-09 JB

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: Hyacinth Davis — Date: 3/26/09 — Daytime Phone #: 767-7273

Typed or printed name of signing Managing Member/Manager: HYACINTH DAVIS

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 3, 2009

BIBSY'S HEALTH CARE PLUS, LLC
624 28TH STREET
WEST PALM BEACH, FL 33407

SUBJECT: BIBSY'S HEALTH CARE PLUS, LLC
Ref. Number: L00000012996

We have received your document for BIBSY'S HEALTH CARE PLUS, LLC and your check(s) totaling $238.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: $100.00 reinstatement fee; $138.75 filing fee per year for the years 2008 through 2009;and $5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is $377.50.

We need an additional check for 138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 609A00018620