

Rec 5/20/09 1072

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

DOCUMENT # L00000012996

1. Limited Liability Company's Name

Bibsy's Health Care Plus, LLC

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

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #  
624 28th Street

3. Mailing Office Address  
~~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 Country  
33407 United States

Zip Country  
33407 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 Zip Code  
FL 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<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip         |
|--------|--------------------------------------|---|----------------------------|
| Mgt.   | Hyacinth Davis                       | 3526 Oberon Avenue                                | Boynton Beach, Fl. 33436   |
| Mgt.   | Hilda May Davis                      | <del>712 21st Street</del> 624.28 St.             | West Palm Beach, Fl. 33407 |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |
|        |                                      |   |                            |

200156670722  
06/17/09--01001--005 \*\*138.75

REINSTATEMENT 2008-09

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 # 767-7878

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



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