

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 MAR 16 AM 8:55

DOCUMENT # **L00000015513**

1. Limited Liability Company's Name

CARECORP, LLC

2. Principal Office Address

5600 N. FLAGLER DR.

Suite, Apt. #, etc.

1208

City & State

W. PALM BEACH, FL

Zip

33407

Country

U.S.A.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/14/2000

6. FEI Number

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

CORTLANDT SNOW

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

5600 N. FLAGLER DR.

Suite, Apt. #, Etc.

STE 1208

City

WEST PALM BEACH

State

FL

Zip Code

33407

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 **03/11/05**

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
MGRM	CORTLANDT SNOW	5600 N. FLAGLER DR # 1208	W. PALM BEACH, FL 33407

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 **03/11/05**

Daytime Phone # **561-252-2001**

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 03-05

CP25041 (10/02)