

L01000002340

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JUN -5 AM 18:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002340

1. Limited Liability Company's Name

Hollywood Hills Rehabilitation Center, LLC

400020544154

06/05/03--01065--003 **205.00

2. Principal Office Address

1200 North 35th Avenue

Suite, Apt. #, etc.

City & State

Hollywood, Florida

Zip

33021

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2/14/01

6. FEI Number

73-1668362

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

J. Milfred Hull, Esquire

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

2 Heritage Way

Suite, Apt. #, Etc.

City

Seawall's Point

State

FL

Zip Code

34996

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

J. Milfred Hull
REGISTERED AGENT MUST SIGN

Date

5/30/03

10. Names and Street Addresses of Managing Members/Managers

Titles MGRM	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Leonore Kallen	400 S. Ocean Blvd.	Boca Raton, FL 33432

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

Leonore Kallen

Date 06/02/03

Daytime Phone # 561-353 1444

Typed or printed name of signing Managing Member/Manager Leonore Kallen

CR2E041 (10/02)

J. MILFRED HULL, P.A.

ATTORNEY AND COUNSELOR AT LAW

2 HERITAGE WAY

SEWALL'S POINT, FLORIDA 34996

772-286-3709

ALSO ADMITTED IN NEW YORK

FAX 772-287-1302

June 2, 2003

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

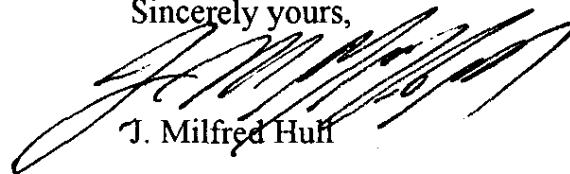
RE: Reinstatement of Hollywood Hills Rehabilitation Center, LLC

Dear Sir/Madam:

Enclosed is the Limited Liability Company Reinstatement for the above named, which has been signed and dated by the Managing Member and the Registered Agent. Also enclosed is my check payable to the Department of State, in the amount of \$205.00, representing the reinstatement fee and a Certificate of Status.

Please mail the Certificate of Status to the above address.

Sincerely yours,



J. Milfred Hull

JMH:hh

cc: Laurie J. Levin, Esq.

Enclosures