

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AND
FILED

02 DEC -9 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000007274

Name and Mailing Address

0011005 01 FP 0352 ***PRST 1H3 0 0615 33928-591325

ALLEGIANCE SENIOR CARE, L.L.C.
20825 PINEHURST GREENS DR.
ESTERO FL 33928-5913

REINSTATEMENT



2. New Mailing Address

3065 Cherokee Rd. N/A
City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/07/2001

Principal Place of Business

20825 PINEHURST GREENS DR.
ESTERO FL 33928

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

59-3752680

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

SCHMOLLINGER, ROBERT C
20825 PINEHURST GREENS DRIVE
ESTERO FL 33428

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

10. 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

Robert C. Schmollinger

REGISTERED AGENT MUST SIGN

Date

12/4/02

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	SCHMOLLINGER, ROBERT C	20825 PINEHURST GREENS DR.	ESTERO FL
MGRM	PEAKE, WESLEY	1820 HIGH GROVE OAK DR.	ALPHARETTA GA
MGRM	KLINOWSKI JR, JOHN G	829 EASTWOOD DRIVE	GOLDENCO
900009027689 11/15/02--01081--004 **150.00			

12. 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

Robert C. Schmollinger
Wesley P. P. P.

Date

12/4/02

Daytime Phone #

239.390.0559
407-957-5962

Typed or printed name of signing Managing Member/Manager