

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 AUG -2 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # L01000011645**

**1. Limited Liability Company's Name**

SUCCESS IN FRIENDS  
HOME REHAB, LLC

200040044898

08/10/04--01039--001 \*\*205.00

**2. Principal Office Address**

1727 BOOTH LAKE ROAD

Suite, Apt. #, etc.

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

CANTONMENT, FLORIDA

Zip

32533

Country

USA

Zip

Country

**4. State/Country of Formation**

FLORIDA

**5. Date Organized or Qualified  
To Do Business in Florida**

07/13/2001

**6. FEI Number**

59-3746654

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

JOHN J. JOHNSON, SR.

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

1727 BOOTH LAKE ROAD

Suite, Apt. #, Etc.

City

CANTONMENT

State

FL

Zip Code

32533

**REINSTATEMENT**

2003-  
2004-

**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

*John J. Johnson Sr.*

REGISTERED AGENT MUST SIGN

Date 7/29/2004

**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
MGR	JOHN J. JOHNSON JR	1727 BOOTH LAKE RD.	CANTONMENT, FL. 32533
MGR	EVONNE P. EVERETT	7710 AARON DR	PENSACOLA, FL. 32534
MGR	LORETTA JOHNSON	1727 BOOTH LAKE RD.	CANTONMENT, FL. 32533
MGRM	THOMAS HALE	281 SW 99TH AVE	PEMBROKE PINES, FL. 33025
MGRM	JULIUS C. RICH	9840 HARLINGTON DR.	CANTONMENT, FL.

**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

*John J. Johnson Jr.*

Date

7/29/04

Daytime Phone #

(850) 529-4923

Typed or printed name of signing Managing Member/Manager

John J. Johnson Jr.

CR2EDM1 (10/02)