PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000022520

APPLICATION FOR REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
2003 AUG 22 AM 10:04
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**1.** DOCUMENT # L01000022520

Name and Mailing Address

0002403 01 FP 0.352 **PRSRT T8 0 0615 33155-440000

MAGGIE'S GOLDEN YEARS, LLC
4900 SW 74 COURT
MIAMI FL 33155-4400

CR2E084 (8/02)

**2.** New Mailing Address

City, State, Zip

**4.** State/Country of Formation
FL

**5.** Date Organized or Qualified To Do Business in Florida
12/26/2001

Principal Place of Business
4900 SW 74 COURT
MIAMI FL 33155

**3.** New Principal Place of Business Address

City, State, Zip

**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

HUGUET, RAFAEL R JR.
7130 MILLER DRIVE
MIAMI FL 33155

**9.** Name and Address of New Registered Agent

Name

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

000020565470
06/06/03--01053--002 **150.00

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 _____ Date 4/28/03

REGISTERED AGENT MUST SIGN

**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 |
|---|---|---|---|
| MGR/ PRES. | MAGGIE'S RETIREMENT HOME SOUTH<br>MAGALI SARLABOUS, PRESIDENT | 10360 SW 60TH STREET | MIAMI, FL 33173 |
| MGR/ SEC. | RM DESIGN & ASSOCIATES<br>RAFAEL HUGUET, JR. CEO | 4900 SW 74TH COURT | MIAMI, FL 33155 |
| | | | 000020565470<br>07/25/03--01027--002 **200.00 |
| MGR/ V.P. | DR. ELIEZER VEGUILLA | 7130 MILLER DR. | MIAMI, FL 33155 |
| | | | |
| | | REINSTATEMENT 2002-03 | |

**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 _____ Date 4/28/03 Daytime Phone # 305 668 6688

Typed or printed name of signing Managing Member/Manager _____