

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 NOV 21 AM 9:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000008457

Name and Mailing Address

0014072 01 AT 0.292 **AUTO T1 0 0615 33915-076060



ELDER CARE-PARTNERS, LLC
P.O. BOX 150760
CAPE CORAL FL 33915-0760

BK



2003

CR2E(84 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 04/09/2002

Principal Place of Business
201 NICHOLAS PARKWAY WEST
CAPE CORAL FL 33991-2590

3. New Principal Place of Business Address
City, State, Zip

6. FEI Number 01-0704210
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

BEAUCHEMIN, MICHAEL V
201 NICHOLAS PARKWAY WEST
CAPE CORAL FL 33991-2590

9. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
200024188022
10/28/03--01012--017 **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 *[Signature]* **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10/23/03

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
Pres.	Michael V. Beauchemin	201 Nicholas Pkwy. West	Cape Coral, FL 33991-2590
Vice Pres.	John J. Greene	201 Nicholas Pkwy. West	Cape Coral, FL 33991-2590

REINSTATEMENT 2003

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 *[Signature]* **SIGNATURE REQUIRED** Date 11/18/03 Daytime Phone # (239) 772-2255

Typed or printed name of signing Managing Member/Manager