

L02000008611

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JUL 16 PM 4:48

DOCUMENT # L02000008611

1. Limited Liability Company's Name

COLCHRIS CARE, LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
601 NW 85th WAY

Suite, Apt. #, etc.

City & State
PEMBROKE PINES, FL

Zip
33024

Country
USA

3. Mailing Office Address
5220 S UNIVERSITY DR

Suite, Apt. #, etc.
C-106

City & State
DAVIE FL

Zip
33328

Country
USA

4. State/Country of Formation
FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida **04/05/2002**

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

Name
Gareth Bullock

Street Address (P.O. Box Number is Not Acceptable)
5220 S UNIVERSITY DR

Suite, Apt. #, Etc.
C-106

City
Davie

State
FL

Zip Code
33328

☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Gareth Bullock
REGISTERED AGENT MUST SIGN

Date **7/9/07**

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	CHRISTINE JACKSON	601 NW 85th WAY	PEMBROKE PINES, FL 33024
			100106356041 07/19/07--01055--012 **205.00 BLT
	FF - \$200		
	CUS - 5		
	RF - N/A		

REINSTATEMENT
2004 - 2007

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

Christine Jackson

Date **7/9/07**

Daytime Phone # **954 850-5777**

Typed or printed name of signing Managing Member/Manager

CHRISTINE JACKSON