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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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

04 MAR 10 PM 3:27

1. DOCUMENT # L02000017696

Name and Mailing Address

0006643 01 AT 0.292 **AUTO T6 0 0615 33154-204176

WEST DIXIE CARE, LLC
1111 KANE CONCOURSE, SUITE 301
BAY HARBOR FL 33154-2041

2003-2004

2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida 07/15/2002

Principal Place of Business
16650 WEST DIXIE HIGHWAY
MIAMI FL 33161

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
41-2051646
☐ 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

SPIEGEL & UTRERA, P.A.
1840 S.W. 22ND STREET, 4TH FLOOR
MIAMI FL 33145

9. Name and Address of New Registered Agent

Name: Barry Shisgal

Street Address (P.O. Box Number is Not Acceptable): 1111 Kane Concourse 301

City: Bay Harbor FL Zip Code: 33140

10. I am appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of Registered Agent: Barry Shisgal REGISTERED AGENT MUST SIGN Date: 12/2/03

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

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SHISGAL, BARRY	16650 WEST DIXIE HIGHWAY	MIAMI FL 33161

100026900211
01/14/04--01012--008 **150.00

100026900211
03/26/04--01075--014 **50.00

REINSTATEMENT 2003-2004

dcc

12. I am a managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when 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 due 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: Barry Shisgal Date: 12/2/03 Daytime Phone #:

Type or print name of signing Managing Member/Manager: Barry Shisgal

CR2E084 (7/03)