

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED STATE
SECRETARY OF CORPORATIONS
09 OCT 15 PM 3:19

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

L02000024353

NP CARE, LLC

09

RK

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

Ten Progress Drive

Suite, Apt. #, etc.

Suite 200

City & State

Shelton, CT

Zip

06484

Country

USA

3. Mailing Office Address

Ten Progress Drive

Suite, Apt. #, etc.

Suite 200

City & State

Shelton, CT

Zip

06484

Country

usa

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/18/2002

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

National Corporate Research, Ltd., Inc.

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

515 East Park Avenue

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

☒ 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

Melissa A. Walker - Asst. Secretary

Date 10-9-2009

REGISTERED AGENT MUST SIGN

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
CEO	John Randazzo	Ten Progress Drive, Suite 200	Shelton, CT 06484
CFO	R. Scott Walker	Ten Progress Drive, Suite 200	Shelton, CT 06484
COO	Tina Bartelmay	Ten Progress Drive, Suite 200	Shelton, CT 06484

REINSTATEMENT

2009

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10/15/09--01053--013 **143.75

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

R. Scott Walker

Date 10-13-2009

Daytime Phone # 203-538-8012

Typed or printed name of signing Managing Member/Manager R. Scott Walker