ATTN: DIANE

FILED
2004 MAY 6 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**
**Secretary of State**
**DIVISION OF CORPORATIONS**

DOCUMENT # L02000025755

1. Limited Liability Company's Name
MCBS HOME HEALTH AGENCY, LLC

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 4620 W. COMMERCIAL BLVD. | 4620 W. COMMERCIAL BLVD |
| Suite, Apt #, etc.: 3 | Suite, Apt #, etc.: 3 |
| City & State: FT. LAUDERDALE FL. | City & State: FT LAUDERDALE FL |
| Zip: 33319 Country: | Zip: 33319 Country: |

4. State/Country of Formation: FLORIDA USA
5. Date Organized or Qualified To Do Business in Florida: 9/02
6. FEI Number: 30-0114755 — 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: G. ROCHESTER WILSON
Street Address (P.O. Box Number is Not Acceptable): 4620 W. COMMERCIAL BLVD
Suite, Apt #, etc.: # 4
City: FT. LAUDERDALE State: FL Zip Code: 33319

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: G. Rochester Wilson Date: 4/6/04
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| MGRM | ANDREA M CARSON | 840 SOUTH STATE RD #7 | PLANTATION FL 33317 |
| | | | |
| | | 600032762396 | |
| REINSTATEMENT | | 04/14/04 01067 006 | 150.00 |
| | | da 600032762396 | |
| | | 04/14/04 01067 007 | 60.00 |

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 608.408, 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: A Carson Date: 4/6/04 Daytime Phone #: 754-235-9775

Typed or printed name of signing Managing Member/Manager: ANDREA M CARSON