

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 JUN -8 PM 2: 16

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		<p align="center">FILED</p> <p align="right">SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> <p align="right">04 JUN -8 PM 2: 16</p>																															
DOCUMENT # L02000026410																																			
1. Limited Liability Company's Name <u>Paragon Home Health Care Agency</u>																																			
2. Principal Office Address <u>2510 Opal CT.</u> <small>Suite, Apt. #, etc.</small>		3. Mailing Office Address <u>2510 Opal CT.</u> <small>Suite, Apt. #, etc.</small>																																	
City & State <u>Tallahassee, FL</u>		City & State <u>Tallahassee, FL</u>		4. State/Country of Formation <u>FL</u>																															
Zip <u>32309</u>		Country <u>Leon</u>		5. Date Organized or Qualified To Do Business in Florida <u>6/07/04</u>																															
				6. FEI Number <u>20-1072039</u> Applied For _____ Not Applicable _____																															
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status																																			
8. Name and Address of Current Registered Agent <table border="1" style="width: 100%;"> <tr><td>Name</td><td colspan="5"><u>Donnell L.W. AKINS</u></td></tr> <tr><td>Street Address (P.O. Box Number is Not Acceptable)</td><td colspan="5"><u>2510 Opal CT.</u></td></tr> <tr><td>Suite, Apt. #, Etc.</td><td colspan="5"></td></tr> <tr> <td>City</td><td colspan="3"><u>Tallahassee</u></td> <td>State</td><td><u>FL</u></td> </tr> <tr> <td></td><td colspan="3"></td> <td>Zip Code</td><td><u>32309</u></td> </tr> </table>						Name	<u>Donnell L.W. AKINS</u>					Street Address (P.O. Box Number is Not Acceptable)	<u>2510 Opal CT.</u>					Suite, Apt. #, Etc.						City	<u>Tallahassee</u>			State	<u>FL</u>					Zip Code	<u>32309</u>
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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 <u>Donnell L.W. Akins</u> Date <u>6/7/09</u> <small>REGISTERED AGENT MUST SIGN</small>																																			
10. Names and Street Addresses of Managing Members/Managers <table border="1" style="width: 100%;"> <thead> <tr> <th>Title</th> <th>Name of Managing Member/Manager</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGR</td> <td>Donnell L.W. AKINS, mgr</td> <td>2510 Opal Ct., m GR</td> <td>Tallahassee, FL 32309</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>						Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip	MGR	Donnell L.W. AKINS, mgr	2510 Opal Ct., m GR	Tallahassee, FL 32309																						
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11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided 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 604.406, 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 <u>Donnell L.W. Akins</u> Date <u>6/7/09</u> Daytime Phone # <u>850-536-9179</u> Typed or printed name of signing Managing Member/Manager <u>Donnell L.W. AKINS</u>																																			