

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 DEC 14 AM 9:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000026786

1. Limited Liability Company's Name

Careservices of Miami-Dade, LLC

200163506782
12/10/09--01039--016 **377.50

CR2E041 (11/09)

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

2500 Quantum Lakes Dr

Suite, Apt. #, etc.

108

City & State

Boynton Bch, FL

Zip

33426

Country

Palm Bch

3. Mailing Office Address

2500 Quantum Lakes Dr

Suite, Apt. #, etc.

108

City & State

Boynton Bch, FL

Zip

33426

Country

Palm Bch

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/10/2002

6. FEI Number

412063313

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

Maxine Hochhauser

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

2500 Quantum Lakes Dr

Suite, Apt. #, Etc.

108

City

Boynton Beach

State

FL

Zip Code

33426

☒ 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

Maxine Hochhauser

REGISTERED AGENT MUST SIGN

Date 12/09/2009

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
MEM	Maxine Hochhauser	2500 Quantum Lakes Dr #108	Boynton Bch, FL 33426

REINSTATEMENT

08-09

11. E-mail Address: heather.craft@alliancecare.com

(To be used for future annual report notifications)

12. 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

Maxine Hochhauser

Date 12/09/2009

Daytime Phone # 561-244-0220

Typed or printed name of signing Managing Member/Manager