

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

10 SEP 30 PM 4:28

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030761

1. Limited Liability Company's Name

**Home Doctors, LLC**

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box # 4125 NW 78 Lane		3. Mailing Office Address 4125 NW 78 Lane	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Coral Springs, FL		City & State Coral Springs, FL	
Zip 33065	Country USA	Zip 33065	Country USA

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 11/18/2002	
6. FEI Number 35-2187707	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Isdelmi Quintana			
Street Address (P.O. Box Number is Not Acceptable) 4125 NW 78 Lane			
Suite, Apt. #, Etc.			
City Coral Springs	State FL	Zip Code 33065	

600186100346  
10/01/10--01001--017 \*\*\$16.25

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

REGISTERED AGENT MUST SIGN

Date

9/27/10

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
Pres	Isdelmi Quintana	4125 NW 78 Lane	Coral Springs, FL 33065

11. E-mail Address: isimon@homedrs.net

(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

Date

9/28/10

Daytime Phone #

786-277-4145

Typed or printed name of signing Managing Member/Manager

Isdelmi Quintana