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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2006 FEB - 8 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PK

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 1. Limited Liability Company's Name Oak Care, LLC			
2. Principal Office Address 84 Business Park Drive Suite, Apt. #, etc. City & State Armonk, New York Zip 10504 Country U.S.A.		3. Mailing Office Address 84 Business Park Drive Suite, Apt. #, etc. City & State Armonk, New York Zip 10504 Country U.S.A.	
4. State/Country of Formation Florida, U.S.A.		5. Date Organized or Qualified To Do Business in Florida 8/11/2003	
6. FEI Number 35-2210311		Applied For ☐ Not Applicable	
7. CERTIFICATE OF STATUS DESIRED ☒			
8. Name and Address of Current Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive Suite, Apt. #, Etc. Suite 4 City Weston State FL Zip Code 33331			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u><i>Petunia M. Rice</i></u> Date <u>2-8-06</u> 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
MGRM	OC Manager, LLC	84 Business Park Drive	Armonk, New York 10504
REINSTATEMENT 2005-2006			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 605, 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 605.608, 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. Oak Care, LLC By: OC Manager, LLC its Managing Members <u>2-7-06</u> Daytime Phone # <u>914-273-1200</u> Signature of Managing Member/Manager <u><i>William R. Madden</i></u> Typed or printed name of signing Managing Member/Manager <u>William R. Madden, Managing Member</u>			