

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 FEB 21 PM 4:48

**DOCUMENT # L03000032254**

1. Limited Liability Company's Name

JLS Health Care Solutions  
424 Dunoon St  
Ocoee, FL 34761-5654

*WLS*

CR2E041 (12/07)

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

424 Dunoon St

Suite, Apt. #, etc.

3. Mailing Office Address

424 Dunoon St

Suite, Apt. #, etc.

City & State

Ocoee, FL

Zip

34761-5654

Country

City & State

Ocoee, FL

Zip

34761-5654

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida -08/27/2003-

6. FEI Number

20-3280229

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

JACLYN L SHEBOVSKY

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

424 Dunoon Street

Suite, Apt. #, Etc.

City

Ocoee

State

FL

Zip Code

34761-5654

☒ 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 *X*

REGISTERED AGENT MUST SIGN

Date 2/14/2008

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
MGMR	JACLYN L SHEBOVSKY	424 Dunoon St	Ocoee, FL 34761-5654

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02/21/08--01034--011 \*\*\*693.75

REINSTATEMENT

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 608.406, 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 *X*

Date 02/14/2008

Daytime Phone#

Typed or printed name of signing Managing Member/Manager

JACLYN L SHEBOVSKY