

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

07 AUG 13 PM 2:31

DOCUMENT # LO4000047070

1. Limited Liability Company's Name

Pricare Properties, L.C.

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box #
4960 SW 72nd Avenue

3. Mailing Office Address
SAME

Suite, Apt. #, etc.
#209

Suite, Apt. #, etc.

City & State
Miami, FL

City & State

Zip
33155

Country
USA

Zip

Country

4. State/Country of Formation
FL/USA

5. Date Organized or Qualified
To Do Business in Florida **6/17/2004**

6. FFL Number

☒ 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
Ofelia Alvarez

Street Address (P.O. Box Number is Not Acceptable)
4960 SW 72nd Avenue,

Suite, Apt. #, Etc.
209

City
Miami, FL

State
FL

Zip Code
33155

☒ 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

REGISTERED AGENT MUST SIGN

Date

8/5/07

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
D	Jose J. Armas	227 Arvida Pkwy.	Coral Gables, FL

REINSTATEMENT

05-07

300108703723

08/28/07--01026--012 **150.00

BLT

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

Date

8/6/07

Daytime Phone

(305) 661-1161

Typed or printed name of signing Managing Member/Manager

Jose J. Armas