

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JAN 10 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L04000088152**

1. Limited Liability Company's Name

COLLUSION CARE OF PALMETTO, LLC

10/22/07-01012-004-#150.00

CR2E041 (1/07)

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

2200 HIGHWAY 301 N

Suite, Apt. #, etc.

3. Mailing Office Address

8849 COLUMBIA RD

Suite, Apt. #, etc.

City & State

PALMETTO, FL

City & State

MAINEVILLE, OH

Zip

34221

Country

USA

Zip

45039

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/10/05

6. FEI Number

84-1664909

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

JAMES R WEST JR, CEO

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

2200 HIGHWAY 301 NORTH

Suite, Apt. #, Etc.

City

PALMETTO

State

FL

Zip Code

34221

☐ 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

[Signature] CEO

Date **12/28/07**

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
MGM	GREGORY M. THEOBALD	5362 VISTA PARK DRIVE	MAINEVILLE, OH 45039
MGM	DEBORAH A. TIGHE	P.O. Box 309	MAINEVILLE, OH 45039
MGM	STEVEN G. THEOBALD	2115 FOSTER MAINEVILLE	MORROW, OH 45152

REINSTATEMENT 07

SA 1/8

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

[Signature]

Date

Daytime Phone #

Typed or printed name of signing Managing Member/Manager