

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 AUG 23 AM 11:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L050000 54513

1. Limited Liability Company's Name

Precision Rehability, LLC

CR2E041 (1/11)

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

10960 SW 222 Terrace

Suite, Apt. #, etc.

3. Mailing Office Address

10960 SW 222 Terrace

Suite, Apt. #, etc.

4. State/Country of Formation

N/A

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

113751454

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Miami, FLORIDA

City & State

Miami, Florida

Zip

33170

Country

USA

Zip

33170

Country

USA

8. Name and Address of Current Registered Agent

Name

PATRICE COLLIER

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

10960 SW 222 Terrace

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33170

E-mail Address:

400211357084

08/23/11--01024--004 **377.50

(To be used for future annual report notices)

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

Patrice Collier

Date

8/16/11

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
MGR	Patrice Collier	10960 SW 222 Terrace	Miami, FL 33170
		J. SAULSBERRY EXAMINER	
		AUG 24 2011	

**REINSTATEMENT
2010-2011**

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing
Member/Manager

Patrice Collier

Date

8/16/11

Daytime Phone #

Typed or printed name of signing Managing Member/Manager