

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 SEP 19 PM 2:13

CR2E041 (12/07)

DOCUMENT # L06 000018394

1. Limited Liability Company's Name

American Access Care of Florida, LLC

W08-44076

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

6766 West Sunrise Boulevard

Suite, Apt. #, etc.

Suite 100

City & State

Plantation, FL

Zip

33313

Country

USA

3. Mailing Office Address

182 Industrial Road

Suite, Apt. #, etc.

City & State

Glen Rock, PA

Zip

17327

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified

To Do Business in Florida 2/13/06

6. FEI Number

20-4435929

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

Naveen Goel

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

890 Golden Cane Drive

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33327

☐ 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

9/17/08

**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
<del>MARM</del> Owner	Naveen Goel	890 Golden Cane Drive	Weston, FL 33327
CEO	Raymond D Figueroa	18183 Piedmont Road	Stewartstown, PA 17363

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REINSTATEMENT 07-08

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 9/15/08

Daytime Phone # 717-235-0181

Typed or printed name of signing Managing Member/Manager

Raymond D. Figueroa

Titles