

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED-LIABILITY COMPANY REINSTATEMENT</b>	 <b>FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS</b>
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DOCUMENT # LD6000025263

1. Limited Liability Company's Name

Homecare of Central FLORIDA, LLC

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

1459 Royal Forest Pl.

Suite, Apt. #, etc.

3. Mailing Office Address

1459 Royal Forest Pl.

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip

33811

Country

USA

City & State

Lakeland, FL

Zip

33811

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

3/08/2004

6. FEI Number

20-4456368

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

David Gooding

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

1459 Royal Forest Place

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

33811

☐ 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]

REGISTERED AGENT MUST SIGN

Date 10/28/09

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	David Gooding	1459 Royal Forest Pl	Lakeland, FL 33811
MGR	Susan Gooding	1459 Royal Forest Pl	Lakeland, FL 33811
REINSTATEMENT 2007, 08 & 09 up 11/4/09			

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 10/28/09

Daytime Phone # 863-648-0174

Typed or printed name of signing Managing Member/Manager

David Gooding