

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
10 MAR -8 PM 1:30

DOCUMENT # L06000075600

1. Limited Liability Company's Name

Patricia Whalen Nursing, LLC

200170693922
02/26/10--01041--025 ***416.25

CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 8342 Old Forest Road		3. Mailing Office Address 8342 Old Forest Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Palm Beach Gardens, FL		City & State Palm Beach Gardens, FL	
Zip 33410	Country US	Zip 33410	Country US

4. State/Country of Formation Florida/US	
5. Date Organized or Qualified To Do Business in Florida 07/31/06	
6. FEI Number 20-5297386	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Whalen, Patricia		
Street Address (P.O. Box Number is Not Acceptable) 8342 Old Forest Road		
Suite, Apt. #, Etc.		
City Palm Beach Gardens	State FL	Zip Code 33410

☒ 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

Patricia Whalen

Date 2/21/10

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	Patricia Whalen	8342 Old Forest Road	Palm Bch Gardens, FL 33410

REINSTATEMENT *Z. S. S. S. S.*

11. E-mail Address: whalennp@aol.com

(To be used for future annual report notifications)

12. 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

Patricia Whalen

Date

2/21/10

Daytime Phone #

(561) 704-4779

Typed or printed name of signing Managing Member/Manager Patricia Whalen