

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

08 DEC 23 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000091518

1. Limited Liability Company's Name

SUNRISE HOME CARE SERVICES, LLC

CR2E041 (10/08)

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

9926 PROSPECT AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 213

Suite, Apt. #, etc.

City & State

HAMPTON, FL.

City & State

HAMPTON, FL.

Zip

32044

Country

U.S.

Zip

32044

Country

U.S.

4. State/Country of Formation

FLORIDA / U.S.A.

5. Date Organized or Qualified  
To Do Business in Florida

9/18/04

6. FEI Number

20-5565920

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

REYNALDO G. YOUNG

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

9926 PROSPECT AVE.

Suite, Apt. #, Etc.

City

HAMPTON

State

FL

Zip Code

32044

☐ 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

Reynaldo G. Young

REGISTERED AGENT MUST SIGN

Date

12/22/08

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
MGR	REYNALDO G. YOUNG	9926 PROSPECT AVE. HAMPTON, FL. 32044	HAMPTON, FL. 32044

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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

Reynaldo G. Young

Date

12/22/08

Daytime Phone #

(407) 733-5600

Typed or printed name of signing Managing Member/Manager

REYNALDO G. YOUNG