

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 APR 20 AM 10 12

DOCUMENT # L07000011884

1. Limited Liability Company's Name

JT Private Duty Home Care, LLC.

300176680103
04/20/10--01044--003 **421.25

CR2E041 (11/09)

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

8891 Brighton Lane

Suite, Apt. #, etc.

111

City & State

Bonita Springs, FL

Zip

34135

Country

U.S.

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

1/31/07

6. FEI Number

64-0949313

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

Tamyra Holland

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

19460 LA Serena Dr.

Suite, Apt. #, Etc.

City

Ft Myers

State

FL

Zip Code

33967

☒ 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

Tamyra Holland
REGISTERED AGENT MUST SIGN

Date

4/16/10

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
MGRM OWNER	Tamyra Holland	19460 LA Serena Dr.	Ft Myers, FL 33967
MGR CEO	John Morano	19460 LA Serena Dr.	Ft Myers, FL 33967

REINSTATEMENT 2009-2010

11. E-mail Address: TamyraHolland@JTPrivateDuty.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

Tamyra Holland

Date

4/16/10

Daytime Phone #

239-896-6582

Typed or printed name of signing Managing Member/Manager

TAMYRA HOLLAND