

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR 30 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

200173695862
03/30/10--01029--021 **416.25

CR2E041 (11/09)

DOCUMENT # LO7000066078.

1. Limited Liability Company's Name

Professional Care Services, LLC.

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

210 172 ST

Suite, Apt. #, etc.

Ste #323

City & State

Sunny Isles Beach, FL

Zip

33160

Country

None

3. Mailing Office Address

210 172 ST

Suite, Apt. #, etc.

Ste #323

City & State

Sunny Isles Beach, FL

Zip

33160

Country

None

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

6. EI Number

26-1174277

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

Vargas, Ruben D.

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

210 172 ST Ste #323

Suite, Apt. #, Etc.

Sunny Isles Beach

City

State
FL

Zip Code

33160

☒ 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]

Date

03/25/10

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
<u>MR</u>	<u>Vargas, Ruben D.</u>	<u>210 172 ST Ste #323</u> <u>Sunny Isles Beach, FL 33160</u>	<u>Sunny Isles</u> <u>Beach, FL 33160</u>

REINSTATEMENT

08-10
CR 33110

11. E-mail Address:

(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

[Signature]

Date

03/25/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager