

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 DEC 15 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L09000007530

1. Limited Liability Company's Name

ELITE CARE CENTERS, LLC.

200188579102
12/10/10--01031--007 **238.75
CR2E041 (05/10)

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

3528 SE 16TH PL

Suite, Apt. #, etc.

3. Mailing Office Address

PO BOX 1257

Suite, Apt. #, etc.

City & State

CAPE CORAL FL

City & State

SANIBEL FL

Zip

33904

Country

USA

Zip

33957

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1/23/2009

6. FEI Number

☐ 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

RONALD S. URKOVICH

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

2323 WOOSTER LN

Suite, Apt. #, Etc.

STE 3

City

SANIBEL

State

FL

Zip Code

33957

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 12-6-10

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	RONALD HEIDEL	PO BOX 1257	SANIBEL FL 33957

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 12/6/10

Daytime Phone #

Typed or printed name of signing Managing Member/Manager