PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2011 DEC -6 AM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (1/11)

DOCUMENT # L10000111064

1. Limited Liability Company's Name

Ivonne Calcedo Caregiver LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
7501 Puritan Rd	7501 Puritan Rd
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando	City & State: Orlando
Zip: 32807 Country: US	Zip: 32807 Country: US

4. State/Country of Formation: Florida, US

5. Date Organized or Qualified To Do Business in Florida: 10/25/10

6. FEI Number: 27-3776022 ☐ 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: Ivonne Calcedo

Street Address (P.O. Box Number is Not Acceptable): 7501 Puritan Road

Suite, Apt. #, Etc.

City: Orlando State: FL Zip Code: 32807

E-mail Address:

100214918311
12/06/11--01016--006 **238.75

ivonnecalcedo@yahoo.com
(To be used for future annual report notices)

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 _____ Date 11/30/2011
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
MGRM	Ivonne Calcedo	7501 Puritan Rd	Orlando, Fl 32807

REINSTATEMENT

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 608.408, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager _____ Date 11/30/2011 Daytime Phone # 407-508-1313

Typed or printed name of signing Managing Member/Manager: Ivonne Calcedo