PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT 23 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L13000146441

1. Limited Liability Company's Name
TAYLOR HOME HEALTH, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2608 LAKE OSBORNE DRIVE	2608 LAKE OSBORNE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FL	City & State: LAKE WORTH, FL
Zip: 33461 Country: United States	Zip: 33461 Country: United States

4. State/Country of Formation: Florida/ US

5. Date Organized or Qualified To Do Business in Florida: 10/17/2013

6. FEI Number: 46-1141943 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, etc.

City: Tallahassee State: FL Zip Code: 32301

700265790147

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Cindy Leski (REGISTERED AGENT MUST SIGN) Date: 10/23/2014

Cindy Leski, Asst. Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Title	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	ANNELI SALONEN-TAYLOR	2608 LAKE OSBORNE DRIVE	LAKE WORTH, FL 33461

REINSTATEMENT
2014

11. E-mail Address: ATAYLOR12345@YAHOO.COM
(To be used for future annual report notification)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Anneli Salonen-Taylor Date: 10-18-14 Daytime Phone #: (561) 207-0562

Typed or printed name of signing Authorized Representative/Manager: ANNELI SALONEN-TAYLOR

OCT 23 2014
M. WILLIAMS

CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 320618 7960710

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : October 1, 2014

ORDER TIME : 9:26 AM

ORDER NO. : 320618-015

CUSTOMER NO: 7960710

DOMESTIC FILINGS

NAME: TAYLOR HOME HEALTH, LLC

RECEIVED
DEPARTMENT OF STATE
14 OCT 23 AM 10:59

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____