pg. 1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
18 JUL 17 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L15000124221

CR2E041 (1/14)

1. Limited Liability Company's Name
Comprehensive Virtual Healthcare, LLC

2. Principal Office Address - No P.O Box #	3. Mailing Office Address
3378 Bradenham Lane	3378 Bradenham Lane
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Davie, FL	City & State: Davie, FL
Zip: 33328 Country: USA	Zip: 33328 Country: USA

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 7/16/2015

6. FEI Number: 47-4554652 ☐ 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: C T Corporation System

Street Address (P.O Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt #, Etc:

City: Plantation State: FL Zip Code: 33324

500315981575

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: James M. Halpin - Assistant Secretary
REGISTERED AGENT MUST SIGN

Date: 7/17/2018

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	John Randazzo	3378 Bradenham Lane	Davie, FL 33328
Pres.	John Randazzo	3378 Bradenham Lane	Davie, FL 33328
Sec.	John Randazzo	3378 Bradenham Lane	Davie, FL 33328
Treas.	John Randazzo	3378 Bradenham Lane	Davie, FL 33328
CEO	John Randazzo	3378 Bradenham Lane	Davie, FL 33328

11. E-mail Address: john.randazzo@sbcglobal.net
(To be used for future annual report notifications)

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: John Randazzo Date: 7/16/18 Daytime Phone #: 8607987280

Typed or printed name of signing Authorized Representative/Manager: John RANDAZZO

FL110 - 01/28/2014 Wolters Kluwer Online

T MOORE
JUL 17 2018

CT Corp.

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 7/17/2018

Acc#I20160000072

Name:	Comprehensive Virtual Healthcare, LLC
Document #:	L15000124221
Order #:	11075864

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Plain Copy:	☐			
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Thank you!