

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 MAY -3 PM 12:53

DOCUMENT # L15000205341

1. Limited Liability Company's Name

Jerusalem Sunshine
Adult Family Care Home

300298823283
05/03/17--01007--007 **143.75

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

8206 Abbey Mist Ave
Suite, Apt. #, etc.

3. Mailing Office Address

8206 Abbey Mist Ave
Suite, Apt. #, etc.

CR2E041 (1/14)

4. State/Country of Formation

West Palm Beach

5. Date Organized or Qualified
To Do Business in Florida

Sept 24/2015

6. FEI Number

Applied For

☒ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

OK.

800297964088
04/13/17--01006--005 **238.75

City & State

Tampa, FL

City & State

Tampa FL

Zip

33619

Country

Hillsborough

Zip

33619

Country

Hillsborough

8. Name and Address of Current Registered Agent

Name

MARIE J. FRANCOEUR

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

8206 Abbey Mist Ave

Apt. #, Etc.

City

Tampa

State

FL

Zip Code

33619

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

4/6/17

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
<u>owner / administrators</u>		<u>8206 Abbey Mist Ave</u>	<u>Tampa, FL 33619</u>
			<u>MAY 3 2017</u>
			<u>M. WILLIAMS</u>
			<u>REINSTATEMENT</u>
			<u>7016-7016</u>

11. E-mail Address: mariefran899@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver of 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature]

Date

4/6/2017

Daytime Phone #

(813) 479-3591

Typed or printed name of signing authorized representative/member