FILED

2021 MAY -6 PM 9:49

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000192262

900365751829
05/06/21--01017--010 **248.75

1. Limited Liability Company's Name

GLORYLAND OF BOYNTON HOME CARE, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
2500 QUANTUM LAKES DR	1090 AUDACE AVE
Suite, Apt. #, etc. 203	Suite, Apt. #, etc. 409
City & State BOYNTON BEACH, FL	City & State BOYNTON BEACH, FL
Zip 33426 Country USA	Zip 33426 Country USA

4. State/Country of Formation N/A

5. Date Organized or Qualified To Do Business in Florida 10/18/2016

6. FEI Number 81-2005859 ☐ 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: HENRIETTA A. WOTORCHIE

Street Address (P.O. Box Number is Not Acceptable) Suite: 1090 AUDACE AVE #409

Apt. #, Etc.: 409

City: BOYNTON BEACH State: FL Zip Code: 33426

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: 04/29/2021

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
AMBR	HENRIETTA A. WOTORCHIE	1090 AUDACE AVE #409	BOYNTON BEACH, FL 33426
AMBR	MALCOLM E. BOGYAH	1090 AUDACE AVE #409	BOYNTON BEACH, FL 33426

11. E-mail Address: GLORYLANDOFBOYNTON@GMAIL.COM
(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 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: 4/29/21 Daytime Phone #: 561-860-6777

Typed or printed name of signing authorized representative/member: HENRIETTA A. WOTORCHIE

T MOORE