PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2024 DEC 19 PM 1:01

SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT # L23000524953

1. Limited Liability Company's Name

Adore Life Home Health LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
5023 Maggie Lane	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Panama City FL	City & State
Zip: 32404 Country: USA	Zip Country

CR2E041 (1/14)

4. State/Country of Formation

5. Date Organized or Qualified To Do Business In Florida

6. FEI Number ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a certificate of status

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12/19/24--01003--022 **298.75

8. Name and Address of Current Registered Agent

Name: Stacey Richardson

Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc.: 5023 Maggie Lane

City: Panama City | State: FL | Zip Code: 32404

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: Stacey Richardson 12/19/2024

REGISTERED AGENT MUST SIGN

12/19/24--01003--022 **298.75

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

11. E-mail Address: adrelifehha@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: Stacey Richardson Date: 12/19/2024 Daytime Phone #: 850-774-4695

Typed or printed name of signing authorized representative/member: