(A) ER AD	LL STRUCTIONS BAFORE	EMPLETING THIS FORM.	
LIMITED LIABILITY	FLORIDA DEPARTMENT OF STATE	FILED	
COMPANY	Secretary of State		
REINSTATEMENT	DIVISION OF CORPORATIONS	05 FEB 22 PM 12: 13	
1. Limited Liability Company's Name	000461	SECRETARY OF STATE TALLAHASSEE. FLORIDA	m7:
Mara	ged Care, L.C.		SINTS
			WU)
0 Printed Printed		4	(
2. Principal Office Address 3126 Thomps willord	3. Mailing Office Address	4. State/Country of Formation	\neg
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Me Leon	
City & City	City & State	5. Date Organized or Qualified To Do Business in Florida	
City & State	A/a	6. FEI Number Applied	
Zip Country	Zip Country	7. CERTIFICATE OF STATUS DESIRED (1) STATUS DESIRED	oplicable e required
32308 Lern	32308 USA-	for a Certificate of	Status
Name/ 7) t	8. Name and Address of Current Regist	(arad Agailt	
Street Address (P.O. Box Number is N 3/26	Int Assestable)	see, 4/m 32308	
City		State Zip Code	
Signature of Registered Agent	ove named limited liability company, am familiar with an AT 4 EGISTERED AGENT MUST SIGN	nd accept the obligations of Chapter 608, F.S. Date 2/05	CR2E041 (10/02)
10. Names and Street Addresses of Managing Mer	πbers/Managers	/	
Titles Managing Members/Managing	Street Address of Ea ers Managing Member/Mar		
We We HATE Id L. Ste	ewait 3126 Thomas	ville Rd. Vallahe (see 9/a 3230	<u></u>
		300047101973 02/28/0501007001 **305.6	00
		— Jb	
filing this reinstatement application the reason for	r dissolution has been eliminated, the limited liability cor re been paid. The information indicated on this application	pplication as provided for in chapter 608, F.S. I further certify that we observe the state of section 608.406, F.S., and its true and accurate, and my signature shall have the same legal	nd thát
Signature of Managing Member/Manager	Date	Daytime Phone # \$50 786 52	W

Typed or printed name of signing Managing Member/Manager _