

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L960000934
**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

934
FILED

00 JAN -3 PM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L96-934

1. Limited Liability Company's Name

United Florida Rehabilitation, LLC

2. Principal Office Address

2151 NE Coachman Rd

Suite, Apt. #, etc.

City & State

Cleawater, FL

Zip

33765

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

9-04-96

6. FEI Number

59-3400435

Applied for

Not Applied

7. CERTIFICATE OF STATUS DESIRED ☐ **NON-RENEWABLE** ☒ **RENEWABLE**

8. Name and Address of Current Registered Agent

Name

David Thomas

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

2151 NE Coachman Rd

Suite, Apt. #, Etc.

City

Cleawater

State

FL

Zip Code

33765

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of

Registered Agent

[Signature]

REGISTERED AGENT MUST SIGN

Date

12/17/99

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
	See attached sheet for Members		

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, 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 608.406, F.S., and 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.

Signature of

Managing Member/Manager

[Signature]

Date

12/16/99

Daytime Phone #

(27)443-0443

Typed or printed name of signing Managing Member/Manager

David Thomas