

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 NOV 12 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L980000000531

1. Limited Liability Company's Name

SUMERU HEALTH CARE GROUP, L.C.

2. Principal Office Address

15120 COUNTY LINE ROAD
Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

SPRING HILL, FLORIDA

City & State

Zip

34610

Country

PASCO

Zip

Country

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

8. Name and Address of Current Registered Agent

Name

RUPIN BANKER

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

15120 COUNTY LINE ROAD

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34610

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**

Date 11/2/04

REGISTERED AGENT MUST SIGN

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
mmgr	Rupin Banker	15120 COUNTY LINE ROAD	SPRING HILL, FL 34610

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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 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.

**Signature of
Managing Member/Manager**

Date 11/2/04

Daytime Phone # 727-862-9080

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)