

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 24 PM 11:02

DOCUMENT # 29800002442

1. Limited Liability Company's Name

Skilled Health Systems, L.C.

2. Principal Office Address

3. Mailing Office Address

6310 San Vicente Blvd (same)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#240

City & State

City & State

Los Angeles, CA

Zip

Country

Zip

Country

90048

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

10/28/98

6. FEI Number

95-4708826

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

Sipos, Andrew L. Jr.

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

250 Bird Road, Suite 302

Suite, Apt. #, Etc.

City

CORAL GABLES

State

FL

Zip Code

33146

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

Andrew L. Sipos Jr.

REGISTERED AGENT MUST SIGN

Date

October 17, 2000

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

MGM	<u>HERSKOVITZ, DAVID</u>	<u>6310 San Vicente Blvd #240</u>	<u>Los Angeles, CA 90048</u>
MGM	<u>YOURIST, JAY E</u>	<u>10650 S.W. 13th St</u>	<u>Miami, FL 33176</u>

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

David Herskovitz

Date

10/19/00 Daytime Phone # 323-692-0515

Typed or printed name of signing Managing Member/Manager

DAVID HERSKOVITZ

CR2E041 (9/00)