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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE

Glenn E. Hood
Secretary of State

DIVISION OF CORPORATIONS

1. DOCUMENT # L98000002690

Name and Mailing Address

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QUALITY ELDERCARE OF FLORIDA, L.L.C.

6093 NW 9TH CT

MARGATE FL 33063-3661



REINSTATEMENT 2003-2004

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/13/1998	
Principal Place of Business 6093 N.W. 9TH COURT MARGATE FL 33019	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-0875851	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KOSS, JEREMY A ESQ 4000 HOLLYWOOD BLVD SUITE 305 HOLLYWOOD FL 33021	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
4651 Sheridan St. Suite #100 Hollywood FL 33021	

10. 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 REQUIRED Date 7-29-04

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROSS, DAVID Koss, David	2415 N. 20TH AVE	HOLLYWOOD FL 33020

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2003
REINSTATEMENT
2004

12. 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 SIGNATURE REQUIRED Date 2/10/04 Daytime Phone # 954-929-2554

Typed or printed name of signing Managing Member/Manager David J. Koss

CR2E084 (7/03)