

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

01 OCT 11 PM 3:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** L98000002857

**1. Limited Liability Company's Name**

Timeless Life Care L.L.C.

**2. Principal Office Address**

2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 415

City & State

Fort Lauderdale FL

Zip Country

33304 USA

**3. Mailing Office Address**

2455 E. Sunrise Blvd.

Suite, Apt. #, etc.

Suite 415

City & State

Fort Lauderdale FL

Zip Country

33304 USA

**4. State/Country of Formation**

Florida USA

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

11-24-98

**6. FEI Number**

65-0886358

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

Greg A. Anderson

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

2455 E. Sunrise Blvd.

Suite, Apt. #, Etc.

Suite 415

City

Fort Lauderdale

State

FL

Zip Code

33304

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10/15/01 01033-013

\*\*\*\*150.00 \*\*\*\*150.00

**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

REGISTERED AGENT MUST SIGN

Date 10-08-01

**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
President	Greg A. Anderson	2455 E. Sunrise Blvd. Suite 415	Fort Lauderdale FL33304

**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 10-08-01 Daytime Phone # 954-630-9272

Typed or printed name of signing Managing Member/Manager Greg A. Anderson

CR20041 (9/00)