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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



ORIGINAL DEPARTMENT OF STATE
Grand E. McCarty
Secretary of State
DIVISION OF CORPORATIONS

FILED
DIVISION OF CORPORATIONS

1. DOCUMENT # L99000000904

Name and Mailing Address

0004730 01 AT 0.292 **AUTO TO 0 0615 33020-211115

QUALITY ELDERCARE INTERNATIONAL, L.L.C.
2415 N. 20TH AVE.
HOLLYWOOD FL 33020-2111

04 MAR -8 PM 2:18

2/07/08/04



REINSTATEMENT

2003-

2004

2. New Mailing Address

City, State, Zip

Principal Place of Business

2415 N. 20TH AVE.
HOLLYWOOD FL 33020

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

02/17/1999

6. FEI Number

65-0887713

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

KOSS, JEREMY, Esq.
~~4000 HOLLYWOOD BLVD., SUITE 205-SOUTH~~
~~HOLLYWOOD FL 33021~~
4651 Sheridan St. Suite #100
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

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

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	KOSS, DAVID	2415 NORTH 20TH AVE.	HOLLYWOOD FL 33020

100028695751
02/13/04--01008--010 **200.00

REINSTATEMENT

2003-

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)