

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPROVED
AND
FILED

①

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

01 FEB 21 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99 000008478

1. Limited Liability Company's Name

Heritage Care, LLC

REINSTATEMENT

2000-2001

2. Principal Office Address

111 W. Michigan St.

Suite, Apt. #, etc.

3. Mailing Office Address

111 W. Michigan St.

Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/6/99

6. FEI Number

39-1978989

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Milwaukee, WI

City & State

Milwaukee, WI

Zip

53203

Country

USA

Zip

53203

Country

USA

8. Name and Address of Current Registered Agent

Name

Lex's Document Services

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

3953 WW Kelley Road

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

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

[Signature]

Date 2-20-01

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
MGRM	<u>Extendicare Health Facilities, Inc.</u>	<u>111 W. Michigan St.</u>	<u>Milwaukee, WI 53203</u>

800003745488--3

[Signature]
2-21-01

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

[Signature]

Date 1/25/01

Daytime Phone #

414/908-8452

Typed or printed name of signing Managing Member/Manager

Roch Carter

CR2E041 (9/00)

ACCOUNT FILING COVER SHEET

2

ACCOUNT NUMBER: FCA000000005

REFERENCE: 2027219
(Sub Account)

DATE: 2-21

REQUESTOR NAME: Lexis Document Services

ADDRESS: _____

TELEPHONE: (____) (____) ext (____)

CONTACT NAME: _____

CORPORATION NAME: Heritage Care LLC

DOCUMENT NUMBER: \$200.00
(if applicable)

AUTHORIZATION: Cynthia J. Woodward

- ☐ CERTIFIED COPY (1-9)
☒ CERTIFICATE OF STATUS (1-9)
☒ PLAIN STAMPED COPY

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|---------------------|---------------------|
| () Call When Ready | () Call if Problem |
| () Walk In | () Will Wait |
| () Mail Out | |

RECEIVED
STATE
DEPARTMENT OF
DIVISION OF
2001 FEB 21
AM 11:58
TO AGENCY OF FILING
SUFFICIENT TO FILE