

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 18 AM 11:34

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M00000000930**
1. Limited Liability Company's Name
Morningstar Healthcare, LLC

2. Principal Office Address 3801 Woodland Heights Rd.		3. Mailing Office Address 3801 Woodland Heights Rd.	
Suite, Apt. #, etc. Ste. 110		Suite, Apt. #, etc. Ste. 110	
City & State Little Rock		City & State Little Rock	
Zip AR	Country USA	Zip 72212	Country USA

CR2E041 (8/05)

4. State/Country of Formation
AR/USA

5. Date Organized or Qualified To Do Business in Florida
5/12/2000

6. FEI Number
731586972

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name
Mark Howard

Street Address (P.O. Box Number is Not Acceptable)
1881 West Kennedy Blvd.

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33606-1643

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 *Carl A. Howard* Date 7/11/06

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
Manager	Marshall B. Coffman	3801 Woodland Heights Rd., Ste. 110	Little Rock, AR 72212
			1 00078223891 08/01/06--01039--013 **405.00
			REINSTATEMENT 01-06

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 *Marshall B. Coffman* Date 6/28/06 Daytime Phone # (501) 372-1065

Typed or printed name of signing Managing Member/Manager Marshall B. Coffman