

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2007 MAY 10 AM 10:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT #** M00000001943

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

HEATHER HILL NURSING CENTER

**2. Principal Office Address - No P.O. Box #**

6030 KENTUCKY AVE

Suite, Apt. #, etc.

**3. Mailing Office Address**

SAME

Suite, Apt. #, etc.

**City & State**

NEW PORT RICHEY, FL

**City & State**

**Zip**

34653

**Country**

U.S.

**Zip**

**Country**

**4. State/Country of Formation**

U.S.

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

9/20/2000

**6. FEI Number**

62-1832434

☐ **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**

MARIA OWENS-WICKER

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

6030 KENTUCKY AVE

Suite, Apt. #, Etc.

**City**

NEW PORT RICHEY

**State**

FL

**Zip Code**

34653

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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**

Maria Owens Wicker

**Date** 5/7/07

**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
M	MARIA OWENS-WICKER	6030 KENTUCKY AVE	NEW PORT RICHEY, FL 34653
			100102542811 05/16/07--01007--016 **200.00
			REINSTATEMENT 06-07

**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**

Maria Owens

**Date** 5/7/07

**Daytime Phone #** 727-819-6939

**Typed or printed name of signing Managing Member/Manager**

MARIA OWENS-WICKER