PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY REINSTATEMENT COMPANY COMP	07 NOV -6 PH 12: L 1
DOCUMENT # MU300000 953 1. Limited Liability Company's Name Perentuood Nursing II, LLC	SECRETART OF STATE TALLAHASSEE, FLORIDA
2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 2. Principal Office Address - No P.O. Box # 3. Mailing Office Address - No P.O. Box # Suite, Apt. #, etc. 2. City & State - City & State - City & State - Country -	CR2E041 (1/07) 4. State/Country of Formation 5. Date Organized or Qualified To Do Business in Florida 6. FEI Number Not Applicable
8. Name and Address of Current Registered Agent	CERTIFICATE OF STATUS DESIRED S5.00 Additional Fee required for a Certificate of Status A \$100 reinstatement fee is imposed, except
Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City LUND State Zip Code FL 3-24444	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.
Signature of Registered Agent Water Agent MUST SIGN FL 33444 . Date 11/3/07	
10. Names and Street Addresses of Managing Members/Managers	
Titles Name of Managing Members/Managers Street Address of Each Managing Members/Managers Managing Members/Managers Managers Mana	ger City / State / Zip
	300111505853 10/30/0701057009 **255.00
R	EINSTATEMENT <u>2004-20</u> 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 filling 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 few sowed 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 149 M Program Date 10 10 5 107 Daytime Phone # 1710 1650 1873 Typed or printed name of signing Managing Member/Manager 149 Broad On	