

M07000002058

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

10 FEB 23 PM 1:53

LIMITED LIABILITY COMPANY REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M07000002058

1. Limited Liability Company's Name

Spring Hills Health Care TE, LLC

PK

000170251720

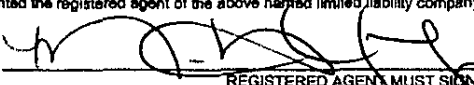
CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # <u>10 Woodbridge Center Dr</u> Suite, Apt. #, etc.		3. Mailing Office Address <u>10 Woodbridge Center Drive</u> Suite, Apt. #, etc.	
City & State <u>Woodbridge, NJ</u> Zip <u>07095</u> Country <u>USA</u>		City & State <u>Woodbridge, NJ</u> Zip <u>07095</u> Country <u>USA</u>	

4. State/Country of Formation <u>Delaware</u>	
5. Date Organized or Qualified To Do Business in Florida <u>April 10, 2007</u>	
6. FEI Number <u>830479670</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name <u>Corporation Service Company</u>			
Street Address (P.O. Box Number is Not Acceptable) <u>1201 Hays Street</u>			
Suite, Apt. #, Etc.			
City <u>Tallahassee</u>	State <u>FL</u>	Zip Code <u>32301</u>	

☐ 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 	Matthew Young as its agent Date <u>2/22/2010</u>

10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
<u>MGR</u>	<u>Alexander C. Markowits</u>	<u>10 Woodbridge Center Dr</u>	<u>Woodbridge, NJ</u>

REINSTATEMENT 2009-2010

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 <u>Alexander C. Markowits</u>	Date <u>2/22/10</u>	Daytime Phone# <u>732-239-3369</u>	
Typed or printed name of signing Managing Member/Manager <u>Alexander Markowits</u>			



CORPORATION SERVICE COMPANY

M07000002058

RECEIVED
CLERK OF SUPERIOR COURT
10 FEB 23 PM 1:53

ACCOUNT NO. : I20000000195

REFERENCE : 291662 7161432

AUTHORIZATION :

[Signature]

COST LIMIT : \$ 643.75

ORDER DATE : February 22, 2010

382.50

ORDER TIME : 8:32 AM

ORDER NO. : 291662-040

CUSTOMER NO: 7161432

REINSTATEMENT

NAME: SPRING HILLS HEALTH CARE TE,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XXX PLAIN STAMPED COPY
XXX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Matthew Young

EXAMINER'S INITIALS

[Signature]

RECEIVED
10 FEB 23 AM 11:00
CLERK OF SUPERIOR COURT
TALLAHASSEE, FLORIDA