

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

14 JUN 25 PM 3:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M100000002390

1. Limited Liability Company's Name

ConnectYourCare, LLC

CR2E041 (1/14)

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

307 International Circle

Suite, Apt. #, etc.

Suite 200

City & State

Hunt Valley, MD

Zip

21030

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Maryland

5. Date Organized or Qualified
To Do Business in Florida

5/27/2010

6. FEI Number

261274092

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.

Signature of
Registered Agent

Michele Henry
Michele Henry
Assistant VP

REGISTERED AGENT MUST SIGN

Date

June 19, 2014

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	Reese Feuerman	307 International Cr., Suite 200	Hunt Valley/MD/21030
MGR	Harrison Stone	307 International Cr., Suite 200	Hunt Valley/MD/21030

JUN 25 2014

M. WILLIAMS

11. E-mail Address: harrison.stone@connectyourcare.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 606, 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.165, F.S.

Signature of

Authorized Representative/Manager

Date June 18, 2014

Daytime Phone # 410-891-1003

Typed or printed name of signing Authorized Representative/Manager Harrison Stone