

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

17 FEB 16 PM 12:54

000295635250

DOCUMENT # M15000008398

1. Limited Liability Company's Name

Punta Gorda Health Investors, LLC

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

1300 Spring Street

Suite, Apt. #, etc.

Suite 205

City & State

Silver Spring, MD

Zip

20910

Country

USA

3. Mailing Office Address

1300 Spring Street

Suite, Apt. #, etc.

Suite 205

City & State

Silver Spring, MD

Zip

20910

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

Delaware

5. Date Organized or Qualified  
To Do Business in Florida

October 20, 2015

6. FEI Number

☒ 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) Suite,

1201 Hays Street

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 605, F.S.

Signature of  
Registered Agent

*M. Zender*

REGISTERED AGENT MUST SIGN

Melissa Zender  
Asst. Vice President

Date

2/16/17

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
Member	Daniel Castleberry	1300 Spring Street, Suite 205	Silver Spring, MD 20910

11. E-mail Address: dcastleberry@meridiansenior.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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

*Sheldon Bender*

Date 2/13/17

Daytime Phone #

215-569-5406


Typed or printed name of signing authorized representative/member

Sheldon Bender

FEB 16 2017

M WILLIAMS

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195  
REFERENCE : 512628 4311863  
AUTHORIZATION :   
COST LIMIT : \$ 377.50

-----  
ORDER DATE : February 15, 2017  
ORDER TIME : 9:45 AM  
ORDER NO. : 512628-010  
CUSTOMER NO: 4311863  
-----

REINSTATEMENT

NAME: PUNTA GORDA HEALTH INVESTORS,  
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender

EXAMINER'S INITIALS \_\_\_\_\_