

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

17 FEB 16 PM 12:54

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000008406

1. Limited Liability Company's Name

Venice Health Investors, LLC

600295635296

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 #


215-559-5406

Typed or printed name of signing authorized representative/member

Sheldon Bender

FILED
FEB 16 2017

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 : 9:46 AM
ORDER NO. : 512628-015
CUSTOMER NO: 4311863

REINSTATEMENT

NAME: VENICE 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