

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED PARTNERSHIP REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 FEB 18 PM 2:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **A06000000408**

1. Name of Limited Partnership

AVENTURA URO LASER SERVICES, LLLP

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

21150 Biscayne Blvd.

3. Mailing Office Address

21150 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 404

Suite, Apt. #, etc.

Suite 404

City & State

Aventura, Florida

City & State

Aventura, Florida

Zip

33180

Country

Zip

33180

Country

Handwritten initials: BK

CR2E039 (1/07)

4. Date Formed or Registered To Do Business in Florida

03/20/2006

5. FEI Number

204531102

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.

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

1840 Southwest 22 Street

4th Floor

City

Miami

State

FL

Zip Code

33145

7. FEES:

Filing Fee(s): \$411.25 for each year due this office.

Supplemental Fee(s): \$88.75 for each year due this office.

Penalty Fee(s): \$500 for each year or part thereof limited partnership revoked on our records.

A \$500 penalty is due for each year or part thereof the entity's certificate of authority was revoked on our records, except in circumstances which the entity did not receive the prior notices.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 \$500 penalty fee(s) be waived.

9. Pursuant to the provisions of section 620.1810 or 620.1909, Florida Statutes, I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of Chapter 620, Florida Statutes.

SPIEGEL & UTRERA, P.A.

SIGNATURE (Registered Agent Accepting Appointment)

BY:

Handwritten signature of Natalia Utrera

DATE

2-17-09

NATALIA UTRERA, VICE PRESIDENT (SIGN)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Christ, Mark	21150 Biscayne Blvd., Suite 404	Aventura, Florida 33180	
Winton, Lawrence	21150 Biscayne Blvd., Suite 404	Aventura, Florida 33180	
Tannenbaum, Stephen	21150 Biscayne Blvd., Suite 404	Aventura, Florida 33180	

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REINSTATEMENT 2007-2009

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Chapter 119, F.S. in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Handwritten signature of Mark Christ

DATE

2/10/09

Typed or Printed Name of General Partner Signing Form

Mark Christ

Telephone Number

(305) 966-9111