

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

LIMITED LIABILITY COMPANY REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS



FILED

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DOCUMENT # L-10316
1. Limited Liability Company's Name
 MEDICAL INTERNET COMMUNITIES, LLC

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2. Principal Office Address
 4133 NW 28th Ave
 Suite, Apt. #, etc.
 City & State: BOCA RATON
 Zip: 33434 Country: USA

3. Mailing Office Address
 4133 NW 28th Ave
 Suite, Apt. #, etc.
 City & State: BOCA RATON
 Zip: 33434 Country: USA

4. State/Country of Formation
 FLORIDA

5. Date Organized or Qualified To Do Business in Florida
 MA 118, 2000

6. FEI Number
 65-1031877 Applied For: Not Applicable

7. CERTIFICATE OF STATUS DESIRED **\$500 Additional Fee required for Certificate of Status**

8. Name and Address of Current Registered Agent

Name: EAGLEWATCH ADVISORS, LLC
 Street Address (P.O. Box Number is Not Acceptable): 2483 EAGLEWATCH COURT
 Suite, Apt. #, Etc.:
 City: WESTON
 State: FL Zip-Code: 33327

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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: David Pank / AS
 Date: 10/17/01
 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
SECRETARY	EAGLEWATCH ADVISORS, LLC	2483 EAGLEWATCH COURT WESTON, FL 33327	
PRES	ALAN SHERMAN, DPM	4133 NW 28th Ave	BOCA RATON FL 33434
TRGAS	MICHAEL SHORE, DPM	3332 W HILLSBORO AVE	DEERFIELD BEACH FL 33448
VP	SCOTT WEINSTEIN	1965 NE SAMS LOOP #3	BEVLI, OR 97701

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: Alan Sherman
 Date: 10/17/01 Daytime Phone #: 561 498 9858
 Typed or printed name of signing Managing Member/Manager: ALAN SHERMAN, DPM

CR2E041 (9/01)