PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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COMPANY REINSTATEMENT			\ } 7	DEPARTMENT OF STAT Katherine Harris Secretary of State ISION OF CORPORATIONS	E	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 02 JAN -7 AM 9: 33		
/	JMENT	- •	000	14079				
MEDI	CCI ART	c, L.L.C.			·			
2. Principal Office Address 3. Mai			3. Mailing O	ffice Address		•		
1221 Brickell Avenue			1221 B	rickell Avenue	4. State/Cou	4. State/Country of Formation		
Suite, Apt. #			Suite, Apt. #,	Suite, Apt. #, etc.		Florida, United States		
9th Floor 9th				th Floor		5. Date Organized or Qualified To Do Business in Florida		
City & State City &					2 =====	O SENIO		
Miami, Florida			Miami, Florida		6. FEI Numb	er 1055164	Applied For — Not Applicable	
Zip		Country	Zip	Country	7.	\$5.0	00 Additional Fee required	
3313	31	Miami-Dade	33131	Miami-Dade	CERTIFICATI		or a Certificate of Status	
8. Name and Address of Current Registered Agent Name								
	Andrew Cuevas, Esq.							
	Street Address (P.O. Box Number is Not Acceptable) 536 Biltmore Way							
	Suite, Apt. #, Etc.					<u>****200.0</u>	0. *** 200.00	
	City State Zip Code FL 33134							
9. I, being Signature or Registered	1 L	Ledge	au	d liability company, am familiar with a	and accept the obliga	tions of Chapter 608, F.S. Date 1/4/02		
10. Name	es and Street	Addresses of Managing Mer	mbers/Managers					
Titles	Name of Managing Members/Managers		Street Address of Each Managing Member/Manager		City / Stat	e / Zip		
MGRM	Kepets, Tomas			1221 Brickell Ave	nue 9th Flo	or Miami, Flor	ida 33131	
				Rein 100			100	
	· · · · · · · · · · · · · · · · · · ·					OD UBK	50	
						6 2001	200.00	
REINSTATEMENT 2001-2002								
filing th all fees	sie reinetatoma	nt application the reason for limited liability company ital	r diceolution Hac I	trustee empowered to execute this a seen eliminated, the limited liability of information indicated on this applica	omnanu namo estietic	se the requirements of section f	Ingang 2 3 ank sn:	
Signature of Managing M	f Member/Mana	ger		Date	1/4/02	Daytime Phone # (305)	995-8226	
Typed or pri	inted name of	signing Managing Member	/Manager					