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Oct 16 03 02:26p Cimlink Real Estate

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PLEASE TYPE OR PRINT IN BLACK INK

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 20 AM 8:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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10/23/03--01003--026 **155.00

DOCUMENT # L01000007664

1. Limited Liability Company's Name
South Tampa Medical Investments, LLC
9/26/03

2. Principal Office Address	3. Mailing Office Address
214 Keap St	3928 Premier N. Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Brooklyn NY	City & State: Tampa FL
Zip: 11211 Country: USA	Zip: 33618 Country: ~~Hillsborough~~ USA

4. State/Country of Formation: Florida USA
5. Date Organized or Qualified To Do Business in Florida: 5/9/2001
6. FEI Number: 59-3722197 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED: X

8. Name and Address of Current Registered Agent

Name: CimLink Real Estate Services, LC
Street Address (P.O. Box Number is Not Acceptable): 3928 Premier N. Dr
Suite, Apt. #, Etc.:
City: Tampa State: FL Zip Code: 33618

REINSTATEMENT 2003

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: [signature] REGISTERED AGENT MUST SIGN Date: 10/16/03

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Judith Grosz	214 Keap St	Brooklyn NY 11211
MGR	Morris Lefkowitz	570 Bradford Blvd	Brooklyn NY 11211
MGR	Edward Lefkowitz	5518 18th Ave	Brooklyn NY 11219
MGR	Robert Schachter	1670 50th St	Brooklyn NY 11219
MGR	Harry Gold	1745 45th St	Brooklyn NY 11219
MGR	Jacob Lefkowitz	125 Taylor St	Brooklyn NY 11211

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 608.408, 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: Judith Grosz Date: 10/16/03 Daytime Phone #: 718-522-6500

Typed or printed name of signing Managing Member/Manager: Judith Grosz

CR2E041 (10/02)