


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 JUL 27 PM 2:22  
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07/31/07--01022--008 \*\*100.00  
CR2E041 (1/07)

DOCUMENT # L02000018036  
1. Limited Liability Company's Name  
Stuart K. Joseph MD, LLC

2. Principal Office Address - No P.O. Box # <u>9275 SW 152nd Street</u>		3. Mailing Office Address <u>SAME</u>	
Suite, Apt. #, etc. <u>Suite 101</u>		Suite, Apt. #, etc.	
City & State <u>Miami FL</u>		City & State	
Zip <u>33157</u>	Country <u>MIAMI-DADE</u>	Zip	Country

4. State/Country of Formation  
MIAMI-DADE

5. Date Organized or Qualified To Do Business in Florida  
August 2001

6. FEI Number <u>820554337</u>	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  
Stuart Joseph

Street Address (P.O. Box Number is Not Acceptable)  
7120 SW 110 Terrace

Suite, Apt. #, Etc.

City  
MIAMI

State  
FL

Zip Code  
33156

A \$100 reinstatement fee is imposed, 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 \$100 reinstatement be waived.

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 Stuart Joseph Date 6/12/07  
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
<u>PRES</u>	<u>Stuart Joseph</u>	<u>7120 SW 110 Terr., Miami</u>	<u>FL 33156. BLT</u>
<u>VP</u>	<u>Selva Joseph</u>	<u>14678 SW 139th Place</u>	<u>Miami FL 33178</u>

REINSTATEMENT

05-07

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 Stuart Joseph Date 6/12/07 Daytime Phone # 305-233-5760  
Typed or printed name of signing Managing Member/Manager Stuart Joseph