

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

03 DEC -1 AM 10:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # L020000033448

1. Limited Liability Company's Name

GLOBAL MEDICAL RESEARCH, LLC

2. Principal Office Address

250 Park Ave., South

Suite, Apt. #, etc.

635

City & State

Winter Park, FL

Zip

32789

Country

USA

3. Mailing Office Address

250 Park Ave., South

Suite, Apt. #, etc.

635

City & State

Winter Park, FL

Zip

32789

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/13/2002

6. FEI Number

PENDING

☒ 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

Dr. David M. Rubinstein

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

6610 North West 95th Street

Suite, Apt. #, Etc.

000025130910  
12/01/03--01093--001 \*\*350.00

City

Tamarac

State

FL

Zip Code

33321

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

REGISTERED AGENT MUST SIGN

Date 11/18/2003

**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
MGR	MICHAEL GARFIELD	250 PARK AVE., SOUTH, #635	WINTER PARK, FL 32789

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

Date 11/18/2003

Daytime Phone # 407-599-5300

Typed or printed name of signing Managing Member/Manager

MICHAEL GARFIELD, MANAGER

CR2E041 (10/02)