

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
 05 JUL 21 PM 1:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # L03000036133**

1. Limited Liability Company's Name

INFOMED TECHNOLOGIES, LLC

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2. Principal Office Address 2450 HOLLYWOOD BLVD.		3. Mailing Office Address 2450 HOLLYWOOD BLVD.	
Suite, Apt. #, etc. SUITE #104		Suite, Apt. #, etc. SUITE #104	
City & State HOLLYWOOD, FL 33020		City & State HOLLYWOOD, FL 33020	
Zip 33020	Country BROWARD	Zip 33020	Country BROWARD

4. State/Country of Formation FL/USA	
5. Date Organized or Qualified To Do Business in Florida 09/23/03	
6. FEI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: BRIAN D. GORDON, C.P.A., P.A.

Street Address (P.O. Box Number is Not Acceptable): 12550 BISCAYNE BLVD.

Suite, Apt. #, Etc.: SUITE #500

City: NORTH MIAMI

State: FL Zip Code: 33181

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: \_\_\_\_\_ Date: \_\_\_\_\_

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
MGMR	ARTHUR J. BERES	2450 HOLLYWOOD BLVD., #104	HOLLYWOOD, FL 33020

REINSTATEMENT 2004-2005

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07/28/05 01033 014 \*\*200.00

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: Arthur Beres Date: 07/06/05 Daytime Phone #: 954-920-9291

Typed or printed name of signing Managing Member/Manager: ARTHUR J. BERES

CR2E041 (10/02)