

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

08 OCT -3 AM 8:01

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

CRZE041 (12/07)

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS**

DOCUMENT # L 05 0000 89473

1. Limited Liability Company's Name  
LA FAMILIA HEALTH PLAZA LLC

2. Principal Office Address - No P.O. Box # <u>4879 SW 106TH ST</u>		3. Mailing Office Address <u>4879 SW 106TH ST.</u>	
State, Apt. #, etc.		State, Apt. #, etc.	
City & State <u>Ocala, FL</u>		City & State <u>Ocala, FL</u>	
Zip <u>34476</u>	Country	Zip <u>34476</u>	Country

4. State/Country of Formation  
Florida / USA

5. Date Organized or Qualified To Do Business in Florida  
9-6-05

6. FEI Number 72-1608124 Applied For  Not Applicable

7. CERTIFICATION OF STATUS DESIRED  See 608.003 Additional Fees Required for a Certificate of Status.

8. Name and Address of Current Registered Agent

Name MARTINEZ, VITERBO A.

Street Address (P.O. Box Number is Not Acceptable)  
4879 SW 106TH ST

Suite, Apt. #, Etc.

City Ocala State FL Zip Code 34476

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 V. Martinez MD REGISTERED AGENT MUST SIGN

Date 9-25-08

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>MGRM</u>	<u>Viterbo A Martinez MD</u>	<u>As Above</u>	<u>As Above</u>
	<u>L. SELLERS</u>	<u>OCT - 62008</u>	

REINSTATEMENT

EXAMINER

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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 V. Martinez MD Date 9-25-08 Daytime Phone# \_\_\_\_\_

Typed or printed name of signing Managing Member/Manager \_\_\_\_\_