

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

09 MAY 20 PM 4:11

DOCUMENT # L06000116154

1. Limited Liability Company's Name

MED THERAPIES, LLC

700155529497
05/22/09--01001--012 **38.75

700155529497
05/06/09--01020--010 **377.50

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #

4171 W HILLSBORO BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

#12

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

Zip

Country

33073 US

Zip

Country

4. State/Country of Formation

FLORIDA / US

5. Date Organized or Qualified To Do Business in Florida

December 5, 2006

6. FEI Number

33-1011825

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

LYNNE R. SHAPIRO

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

4171 W HILLSBORO BLVD.

Suite, Apt. #, Etc.

#12

City

COCONUT CREEK

State

FL

Zip Code

33073

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

Lynne Shapiro
REGISTERED AGENT MUST SIGN

Date 5-1-09

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	LYNNE R. SHAPIRO	4171 W HILLSBORO BLVD #12	COCONUT CREEK / FL / 33073
MGR	KAREN D. SHAPIRO	4171 W HILLSBORO BLVD #12	COCONUT CREEK / FL / 33073
REINSTATEMENT <u>2007-2009</u>			T. Hampton MAY 21 2009

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

Lynne Shapiro

Date 5-1-09

Daytime Phone # 954-574-9720

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

09 MAY 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 13, 2009

MEDTHERAPIES LLC
4171 W HILLSBORO BLVD
12
COCONUT BREEK, FL 33073

SUBJECT: MEDTHERAPIES LLC
Ref. Number: L06000116154

We have received your document for MEDTHERAPIES LLC and check(s) totaling \$377.50. However, the document has not been filed and is being retained in this office for the following reason(s):

There is a balance due of \$38.75. Refer to the attached fee schedule for the breakdown of fees. Please return a copy of this letter to ensure your money is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 309A00016271