PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY .REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 20 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # L00000013479

1. Limited Liability Company's Name

ATMPRE LLC

2. Principal Office Address	3. Mailing Office Address
1711 6th Avenue South	1711 6th Avenue South
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LAKE WORTH, FLORIDA	City & State: LAKE WORTH, FLORIDA
Zip: 33460 Country:	Zip: 33460 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: NOVEMBER 2, 2000

6. FEI Number: 65-105-4674 ☐ 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: TEDDY LICHTSCHEIN

Street Address (P.O. Box Number is Not Acceptable): c/o Universal Health Management · 1711 6th Avenue South

Suite, Apt. #, Etc.:

City: LAKE WORTH State: FL Zip Code: 33460

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: [signature] REGISTERED AGENT MUST SIGN Date: 12/3/01

CR2E041 (9/00)

10. Names and Street Addresses of ~~Managing~~ AUTHORIZED Members/~~Managers~~

Titles	Name of ~~Managing~~ AUTHORIZED Members/~~Managers~~	Street Address of Each ~~Managing~~ AUTHORIZED Member/~~Manager~~	City / State / Zip
MGRM	Eliezer Scheiner	1711 6th Avenue South	Lake Worth Fl. 33460
MGRM	Ron Ostroff	17141 NE 13th Avenue	N. Miami Bch Fl. 33162
MGRM	Teddy Lichtschein	2 Lacey Court.	Wesley Hills NY 10977

11. I certify that I am ~~managing~~ AN AUTHORIZED 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~~ AUTHORIZED Member/~~Manager~~: [signature] Date: 11/29/01 Daytime Phone # (561) 582-1226

Typed or printed name of signing ~~Managing~~ AUTHORIZED Member/~~Manager~~: ELIEZER SCHEINER