

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood

Secretary of State

DIVISION OF CORPORATIONS

FILED

2004 JAN 27 PM 12:30

DIVISION OF CORPORATIONS TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000014679

Name and Mailing Address

0000030 01 AV 0,278 **AUTO T1 0 0615 33131-313480



1567 LEJEUNE LLC 1110 BRICKELL AVE., STE. 210 MIAMI FL 33131-3134



2. New Mailing Address

City, State, Zip

4. State/Country of Formation FL

5. Date Organized or Qualified To Do Business in Florida 11/29/2000

Principal Place of Business 1110 BRICKELL AVE., STE. 210 MIAMI FL 33131

3. New Principal Place of Business Address City, State, Zip

6. FEI Number NOT APPLICABLE 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 RIFKIN, LARRY S 1110 BRICKELL AVE., STE. 210 MIAMI FL 33131

9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

10. 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 REQUIRED REGISTERED AGENT MUST SIGN Date 1/21/04

11. Names and Street Addresses of Each Managing Member/Manager

Table with 4 columns: Title(s), Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGR, ANTON, CARDIO, 1180 NW 26 AVE. RD., MIAMI FL 33125

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REINSTATEMENT 2003-04

12. 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 SIGNATURE REQUIRED Date 1/21/04 Daytime Phone # (305) 371-5040

Typed or printed name of signing Managing Member/Manager

CR21.084 (7/03)