PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

REINS DOCUI	D LIABILITY MPANY TATEMENT # L0400004	Si Divisi	DEPARTMENT OF STATE SCREENING OF CORPORATIONS	=	FILED 09 MAR -3 PM 1: 25	
NORTH MIAMI BEACH PROFESSIONAL CENTER, LLC					SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2- Principal Office Address - No P.O. Box # 3- Mailing 301 N.E. 167th Street 301 N.E.					CR2E041 (10/08)	
Sulte, Apt. 6, e		Suite, Apt. #, et			4. State/Country of Formation Florida	
City & State Cay & 1			S. Deta To D		nized or Qualified iness in Florida 06/08/2004	
•	mi Beach, FL		North Miaml Beach, FL 28-02			
д _р 33162	Country USA	Zъ 33162	Country USA	7. CERTIFICATI		
8. Stome and Address of Current Registered Agent				_		
		•)	(%)	A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are cartifying the prior notices were not received and requesting the \$100		
City Miami			State Zp Code FL 33131	reinste	reinstatement be walved.	
©. I, being appointed the registered and course in the above representation liability company, am familiar with and ac Signature of Registered Agent					Cate 2/27/09	
10. Marries and Street Addresses of Managing Morrier Atlanagers						
Titles	Name of Managing Members/Managing	yers .	Street Address of Ea Managing Member/Me		City / State / Zip	
MGR T	GR Tamayo, Victor, I. M.D.		301 N.E. 167th Street		North Miaml Beach, FL 33162	
	REINST	ATEMEN	<u> </u>)9 (600144836006 3/03/09-01004-008 **277.5	
			· <u>·</u>	· · · · · · · · · · · · · · · · · · ·		
15. I certify that I am managing member/manager or the greater to truste empowered to execute this application as provided for in chapter 608, F.S. I further certify that when sling tries retreated as in the reason for \$2.000 has been cellulated, the limited liability company name satisfies the requirements of section 608,406, F.S., and that all fees over by the limited liability company. Here been public. The dispraction indicated on this application is true and eccurate, and my eignature shall have the same legal effect as if made under onth. Signature of Managing Member/Memager. Date 2/27/09 Despire Phone # (305) 940-0522						
Typed or printed name of storage and the hop thorager Victor I. Tamayo						