

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 CORPORATION

09 OCT 21 PM 1:10

DOCUMENT # L06000084300

1. Limited Liability Company's Name

FJA AT MIAMI HEALTH, LLC

REINSTATEMENT

2008-09-20

CR2E041 (10/08)

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

1450 NW 87TH AVENUE

3. Mailing Office Address

1450 NW 87TH AVENUE

Suite, Apt. #, etc.

SUITE # 210

Suite, Apt. #, etc.

SUITE # 210

City & State

DORAL, FLORIDA,

City & State

DORAL, FLORIDA,

Zip

33172

Country

USA

Zip

33172

Country

USA

4. State/Country of Formation

DADE

5. Date Organized or Qualified

To Do Business in Florida 08/25/2006

6. FEI Number

20-5479032

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

ALEJANDRO NUNEZ

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

1450 NW 87TH AVENUE,

Suite, Apt. #, Etc.

SUITE # 210

City

DORAL,

State

FL

Zip Code

33172

☒ 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

Date 10/14/2009

REGISTERED AGENT MUST SIGN

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
MGRM	FRANK J. AMEDIA	1450 NW 87TH AVENUE, SUITE 210	DORAL, FLORIDA, 33172

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

Date 10/14/2009

Daytime Phone # 786-268-1349

Typed or printed name of signing Managing Member/Manager

FRANK J. AMEDIA