

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAY -6 AM 9:35

DOCUMENT # L00000001606

1. Limited Liability Company's Name

Med-One Health Care, LLC

900005609449--4  
-05/24/02--01012--007  
\*\*\*200.00 \*\*\*200.00

2. Principal Office Address

11471 W. Sample Road

Suite, Apt. #, etc.

#35

City & State

Coral Springs, FL

Zip

33065

Country

USA

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

2/03/2000

6. FEI Number

65-0986452

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

Lane Mitnick

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

673 Lakeview Drive

Suite, Apt. #, Etc.

City

Coral Springs

State  
FL

Zip Code

33071

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

Lane J. Mitnick

REGISTERED AGENT MUST SIGN

Date 5/1/02

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	Craig Peleg	9711 Lago Drive	Boynton Beach, FL 33437
MGR	Lane Mitnick	673 Lakeview Drive	Coral Springs, FL 33071

**REINSTATEMENT**  
2001-2002

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

Lane Mitnick

Date 5/1/02

Daytime Phone #

954 288 7474

Typed or printed name of signing Managing Member/Manager

Lane Mitnick