PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2007 JAN 11 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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01/12/07--01011--024 **100.00

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (8/05)

DOCUMENT # L00000001712

1. Limited Liability Company's Name
CT CENTER OF SOUTH MIAMI, L.L.C.

2. Principal Office Address		3. Mailing Office Address	
6161 Sunset Drive		6161 Sunset Drive	
Suite, Apt. #, etc. Suite A & C		Suite, Apt. #, etc. Suite A & C	
City & State Miami, Florida		City & State Miami, Florida	
Zip 33143	Country	Zip 33143	Country

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 2/11/2000

6. FEI Number: 650891853 ☐ 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: Roland R. St. Louis, Jr.

Street Address (P.O. Box Number is Not Acceptable): 2333 Ponce de Leon Boulevard

Suite, Apt. #, Etc.: Suite 1102

City: Coral Gables | State: FL | Zip Code: 33134

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 12-28-06
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	JVZ Partners	2000 Auburn Drive, #110	Beachwood, Ohio 44122
MGRM	Sergio de Mendoza	761 Ridgewood Road	Key Biscayne, Florida 33149
		12/29/06-01012-014-#300.00	

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 12-28-6 Daytime Phone # 305-661-6445

Typed or printed name of signing Managing Member/Manager Sergio G. De Mendoza

REINSTATEMENT 02-07