

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

LIMITED LIABILITY COMPANY REINSTATEMENT		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

2007 JAN 11 PM 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDADOCUMENT # L00000001712

1. Limited Liability Company's Name

CT CENTER OF SOUTH MIAMI, L.L.C.

200084150262
01/12/07--01011--024 **100.00

CR2E041 (8/05)

2. Principal Office Address 6161 Sunset Drive		3. Mailing Office Address 6161 Sunset Drive		4. State/Country of Formation Florida	
Suite, Apt. #, etc. Suite A & C		Suite, Apt. #, etc. Suite A & C		5. Date Organized or Qualified To Do Business in Florida 2/11/2000	
City & State Miami, Florida		City & State Miami, Florida		6. FEI Number 650891853	
Zip 33143	Country	Zip 33143	Country	7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
				Applied For	Not Applicable

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**

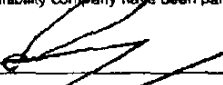
REGISTERED AGENT MUST SIGN

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 **12-28-06**Daytime Phone # **305-661-6445**

Typed or printed name of signing Managing Member/Manager

Sergio G. De Mendoza

REINSTATEMENT 02-07

