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FILED THIS FORM.
FLORIDA DEPARTMENT OF STATE

COMPANY
REINSTATEMENT



Secretary of State
DIVISION OF CORPORATIONS

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02 NOV 21 AM 9:47

DOCUMENT # **L00000007978**

SECRETARY OF STATE
5000 BUSINESSES FLORIDA
11/06/02--01107--011 **155.00

50000833845
11/06/02--01107--011 **15500.00

1. Limited Liability Company's Name

**Luis J. Victores
Gastroenterology, LLC**

2. Principal Office Address

285 West 49 St.
Suite, Apt. #, etc.

3. Mailing Office Address

285 West 49 St.
Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified To Do Business in Florida

8/00

City & State

Nakab, Fla.

City & State

Nakab, Fla

6. FEI Number

05-1032927

Applied For

Not Applicable

Zip

33012

Country

USA

Zip

33012

Country

USA

7. CERTIFICATE OF STATUS DESIRED

\$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: **Luis J. Victores, Gastroenterology, LLC**
Street Address (P.O. Box Number is Not Acceptable): **285 West 49 Street**
Suite, Apt. #, Etc.:
City: **Nakab Fla** State: **FL** Zip Code: **33012**

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: **Luis J. Victores**
REGISTERED AGENT MUST SIGN

Date: **11/1/02**

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
MEM Pres.	Luis J. Victores	285 West 49 ST.	Nakab, Fla 33012

REINSTATEMENT

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: **Luis J. Victores**

Date: **10/1/02** Daytime Phone #: **(305) 820-4426**

Typed or printed name of signing Managing Member/Manager

CFR2041 (9/99)