

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

01 NOV -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000009052

1. Limited Liability Company's Name

OKEECHOBEE OPEN MRI, L.L.C.

2. Principal Office Address

901 SW MARTIN LUTHER KING BLVD

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

STE. 314

Suite, Apt. #, etc.

City & State

PALM CITY FL

City & State

Zip

34990

Country

U.S.A.

Zip

Country

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA, U.S.A.

5. Date Organized or Qualified

To Do Business in Florida

8-4-2000

6. FEI Number

65-1027399

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JEFFREY L. COHEN

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

51 N.E. FOURTH AVENUE

Suite, Apt. #, Etc.

City

DELRAY BEACH

State

FL

Zip Code

33483

700004686057-6

-11/16/01-01094-001

****150.00 ****150.00

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 X

JEFFREY L. COHEN REGISTERED AGENT (MUST SIGN)

Date 10-25-01

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
<u>MGR</u>	<u>ANDREW GALLANT</u>	<u>5146 SW SPRING ASTOR CT.</u>	<u>PALM CITY, FL 34990</u>
<u>MGR</u>	<u>ANDREW WALKER</u>	<u>6 CRANES NEST ST.</u>	<u>STUART, FL 34996</u>
<u>MGR</u>	<u>HENRY ZAYAS</u>	<u>1590 CYPRESS GLEN WAY</u>	<u>STUART, FL 34997</u>

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 X

Date 10-29-01

Daytime Phone # 888-223-5515

Typed or printed name of signing Managing Member/Manager

ANDREW GALLANT

CR2E041 (9/01)