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
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2001 UBR

DOCUMENT # P00000009964

1. Limited Liability Company's Name
FLA MEDICAL PAIN RELIEF & DETOX CENTER "LLC"

2. Principal Office Address	3. Mailing Office Address
5779 WASHINGTON ST.,	
Suite, Apt. #, etc.: APT N-1	Suite, Apt. #, etc.
City & State: HOLLYWOOD, FL	City & State
Zip: 33023 Country: USA	Zip Country

4. State/Country of Formation: FL USA
5. Date Organized or Qualified To Do Business in Florida: 8-15-00
6. FEI Number: 65-1031192 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee applies for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JERRY DUBRAVETZ
Street Address (P.O. Box Number is Not Acceptable): 5779 WASHINGTON STREET
Suite, Apt. #, Etc.: APT N-1
City: HOLLYWOOD State: FL Zip Code: 33023

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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: [signature] Date: X 11-22-01
REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
M	JERRY DUBRAVETZ	5779 WASHINGTON ST,APT N-1	HOLLYWOOD, FL 33023

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 with the filing this reinstatement application (no reason for dissolution has been eliminated), the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees due 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: [signature] Date: X 11-22-01 Daytime Phone #: 954-966-7911

Typed or printed name of signing Managing Member/Manager: _____