L00000011960

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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

DOCUMENT # L00000011960

1. Limited Liability Company's Name

KATALYX HEALTH, LLC

REINSTATEMENT 2002 2003

2002-2003

U00011786310
02/04/03--01059--023 **150.00

2. Principal Office Address 1221 BRICKELL AVE	**3.** Mailing Office Address 1221 BRICKELL AVE	**4.** State/Country of Formation FL
Suite, Apt. #, etc. 6th FLOOR	Suite, Apt. #, etc. 21st Floor c/o Patricia Menendez	**5.** Date Organized or Qualified To Do Business in Florida 10/02/2000
City & State MIAMI, FL	City & State MIAMI, FL	**6.** FEI Number 65-1057620 · · Applied For / Not Applicable
Zip 33131-3258 · Country MIAMI-DADE	Zip 33131-3258 · Country MIAMI-DADE	**7.** CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name CORPORATION SERVICE COMPANY

U00011786310
02/04/03--01059--024 **50.00

Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS STREET

Suite, Apt. #, Etc.

City TALLAHASSEE   State FL   Zip Code 32301-2525

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.

Brian Coulter
Asst. V. Pres.

Signature of Registered Agent _____   REGISTERED AGENT MUST SIGN   Date 12/30/02

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
P/MGR	SANCHEZ TRASOBARES, ELISEO	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131
S/MGR	PAREJA, CRISTINA	1221 BRICKELL AVE, 6TH FLOOR	MIAMI, FL 33131

1-31-03

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 Cristina Pareja   Date 12/20/02   Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager Cristina Pareja

CR2E041 (9/01)