

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 DEC 17 PM 2:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # *L000000 11981*

1. Limited Liability Company's Name

SOUTH BEACH VITALITY INSTITUTE, LLC

2. Principal Office Address

844 Alton Road

Suite, Apt. #, etc.

2nd Floor

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

3. Mailing Office Address

844 Alton Road

Suite, Apt. #, etc.

2nd Floor

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

9-01-00

6. FEI Number

65-1044300

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

**\$5.00 Additional Fee required
for a Certificate of Status**

8. Name and Address of Current Registered Agent

Name

Abdala Kalil MD

000004739290-7

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

844 Alton Road

12/26/01-01069-018

*****150.00 ****150.00*

Suite, Apt. #, Etc.

2nd Floor

City

Miami Beach

State

FL

Zip Code

33139

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

Abdala Kalil

Date

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
<i>MGRM</i>	<i>Abdala Kalil</i>	<i>844 Alton Road- 2nd Fl.</i>	<i>Miami Beach, FL 33139</i>

REINSTATEMENT

*01
dec*

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

Abdala Kalil

Date

11/16/01

Daytime Phone #

(305) 538-8880

Typed or printed name of signing Managing Member/Manager

ABDALA F. KALIL, M.D.

CR2E041 (9/01)