

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 OCT 22 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000012863

1. Limited Liability Company's Name

Platinum Health Services, LLC

REINSTATEMENT 2001

2. Principal Office Address

3710 NW 53 St

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

3. Mailing Office Address

3710 NW 53 St

Suite, Apt. #, etc.

City & State

Boca Raton, FL

Zip

33496

Country

4. State/Country of Formation

Florida

**5. Date Organized or Qualified
To Do Business in Florida**

10-20-2000

6. FEI Number

65-1050504

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Les Schlesinger

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

3710 NW 53 St

Suite, Apt. #, Etc.

300004653763-2

-10/25/01--01072-012

****155.00 ****155.00

City

Boca Raton

State

FL

Zip Code

33496

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

Les Schlesinger

REGISTERED AGENT MUST SIGN

Date 10-19-01

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
m613 President	Les Schlesinger	3710 NW 53 St	Boca Raton, FL 33496

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

Les Schlesinger

Date 10-19-01

Daytime Phone # 561-997-0057

Typed or printed name of signing Managing Member/Manager

Les Schlesinger