



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 NOV 10 AM 10:53

1. DOCUMENT # L000000014286

Name and Mailing Address

0012300 01 AT 0.292 \*\*AUTO T5 0 0615 33434-339426



MAIN LINE INVESTMENTS GROUP, L.C.  
19480 SAWGRASS DRIVE, UNIT 1701  
BOCA RATON FL 33434-3394



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/20/2000	
Principal Place of Business 19480 SAWGRASS DRIVE, UNIT 1701 BOCA RATON FL 33434		3. New Principal Place of Business Address City, State, Zip	
		6. FEI Number 65-1058493	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	
		Applied For Not Applicable	
		\$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
SHLOMCHIK, SEYMOUR M.D. 19480 SAWGRASS DRIVE, UNIT 1701 BOCA RATON FL 33434		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		700024569557	
		11/10/03--01086--020 **150.00	
		City	
		FL	
		Zip Code	

CB2E084 (7/03)

10. 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 REQUIRED**

Date \_\_\_\_\_

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SHLOMCHIK, SEYMOUR M.D.	19480 SAWGRASS DRIVE, UNIT 1701	BOCA RATON FL 33434
MGR	SHLOMCHIK, MARK M.D.	27 FOX DEN WAY	WOODBRIIDGE CT 06525
MGR	SHLOMCHIK, WARREN M.D.	50 HARBOUR VIEW PLACE	STRATFORD CT 05615

**REINSTATEMENT** 03  
dec

12. 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

Date \_\_\_\_\_

Daytime Phone #

561-483-0572

Typed or printed name of signing Managing Member/Manager