

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 JAN 27 PM 12:30

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L00000014679

Name and Mailing Address

0000030 01 AV 0,278 **AUTO T1 0 0615 33131-313460



1567 LEJEUNE LLC
1110 BRICKELL AVE., STE. 210
MIAMI FL 33131-3134



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/29/2000	
Principal Place of Business 1110 BRICKELL AVE., STE. 210 MIAMI FL 33131	3. New Principal Place of Business Address City, State, Zip	6. FEI Number NOT APPLICABLE	Applied For Not Applicable
8. Name and Address of Current Registered Agent RIFKIN, LARRY S 1110 BRICKELL AVE., STE. 210 MIAMI FL 33131		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		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 X SIGNATURE REQUIRED Date 1/21/04 REGISTERED AGENT MUST SIGN	
11. Names and Street Addresses of Main Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	ANTON, CARDIO	1180 NW 26 AVE. RD.	MIAMI FL 33125
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 X SIGNATURE REQUIRED Date 1/21/04 Daytime Phone # (305) 371-5040 Typed or printed name of signing Managing Member/Manager			

CR21084 (7/03)

REINSTATEMENT 2003-04