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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
02 DEC 31 PM 12:13
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12/31/02-TALLAHASSEE FLORIDA

DOCUMENT # L00000014804

1. Limited Liability Company's Name

MEDICAL WEEK, L.L.C.

2. Principal Office Address	3. Mailing Office Address
1443 20TH STREET	1443 20th STREET
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: VERO BEACH, FL	City & State: VERO BEACH, FL
Zip: 32960 Country: INDIAN RIVER	Zip: 32960 Country: INDIAN RIVER

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/27/2000

6. FEI Number: 65-1056290 ☐ 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: MILTON R. BENJAMIN

Street Address (P.O. Box Number is Not Acceptable): 1443 20TH STREET, SUITE C

Suite, Apt. #, Etc.

REINSTATEMENT 2002

City: VERO BEACH State: FL Zip Code: 32960

W THOMAS

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: _____ REGISTERED AGENT MUST SIGN Date: 12-27-2002

CR2E041 (8/01)

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
MGRM	FERGUSON, RONALD MD	30 PICKETT PLACE	NEW ALBANY, OH 43054
MGRM	D'ALESSANDRO, ANTHONY MD	14 ST. LAWRENCE CIRCLE	MADISON, WI 53717
MGRM	SCHONFELD, REESE	630 5th AVE, SUITE 3163	NEW YORK, NY 10111
MGRM	BENJAMIN, MILTON & TATIANA HELD IN TENANCY	1240 OLDE DOUBLOON DR	VERO BEACH, FL 32963

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: _____ Date: 12-27-2002 Daytime Phone #: 772 559 4187

Typed or printed name of signing Managing Member/Manager: MILTON R. BENJAMIN