

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 NOV -1 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L000000 14857

1. Limited Liability Company's Name

INTEGRATIVE HEALTH MANAGEMENT
SERVICES INC

2. Principal Office Address

2845 AVENTURA BLVD

Suite, Apt. #, etc.

246

City & State

AVENTURA FL

Zip

33180

Country

USA

3. Mailing Office Address

elo

Suite, Apt. #, etc.

SOUTH BROWARD ACCOUNTING SERVICE, INC.
1152 N. UNIVERSITY DRIVE, SUITE 202

City & STATE

PEMBROKE PINES, FL 33024

Zip

Country

USA

REINSTATEMENT 2001

4. State/Country of Formation

FLORIDA

Date Organized or Qualified
To Do Business in Florida

12/01/00

6. FEI Number

65-1064023

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

MIAMI CENTRAL REGISTERED AGENTS INC

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

201 S BISCAYNE BLVD

Suite, Apt. #, etc.

SUITE 1700

City

MIAMI

300004606069-9

-11/16/01--01094--006

****150.00 ****150.00

State
FL

Zip Code

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

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
PRES	CHARLES GOLDSMITH	2845 AVENTURA BLVD #246	AVENTURA FL 33180

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

Daytime Phone #

305 933 3232

Typed or printed name of signing Managing Member/Manager