

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 OCT 31 PM 4:43

DOCUMENT # L00000015588

1. Limited Liability Company's Name

TRAVELDOC, LLC

CR2E041 (8/05)

2. Principal Office Address

9 Island Avenue

Suite, Apt. #, etc.

No. 2407

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

3. Mailing Office Address

9 Island Avenue

Suite, Apt. #, etc.

No. 2407

City & State

Miami Beach, FL

Zip

33139

Country

Miami-Dade

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

12/15/2000

6. FEI Number

65-1081401

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

Howard E. Kurzweil, Esq.

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

101 Northeast Third Avenue

Suite, Apt. #, Etc.

Suite 1700

City

Ft. Lauderdale

State

FL

Zip Code

33301

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

Date 10/20/06

REGISTERED AGENT MUST SIGN

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	Alan K. Roberts, M.D.	6341 Sunset Drive, Penthouse	South Miami, FL 33143

REINSTATEMENT 2001-06

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 10/23/06

Daytime Phone # (954) 767-9999

Typed or printed name of signing Managing Member/Manager Alan K. Roberts, M.D.