

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Har
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L00000015880

1. Limited Liability Company's Name

Janett J. Fonseca, M.D., PLC

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-12/10/01--01083--012
****155.00 ****155.00

2. Principal Office Address

4300 alton Road

Suite, Apt. #, etc.

Suite 207

City & State

Miami Beach, Florida

Zip

33140

Country

USA

3. Mailing Office Address

9344 Bay Drive

Suite, Apt. #, etc.

S

City & State

Surfside, Florida

Zip

33154

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

12/00

6. FEI Number

65-1062595

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$3.00 Additional Fee required
for Certificate of Status

8. Name and Address of Current Registered Agent

Name

Janett J Fonseca

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

4300 alton Road

Suite, Apt. #, Etc.

Suite 207

City

Miami Beach

State

FL

Zip Code

33140

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

[Signature]

Date 11/18/01

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
M.D.	Janett J. Fonseca	4300 alton Road Suite 207	Miami Beach, FL 33140
		Rein 100 UBR 50 CUS 5	
			155. hr

REINSTATEMENT 2007

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 filed, 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

[Signature]

Date 11/18/01

Daytime Phone # (305) 620-3801

Typed or printed name of signing Managing Member/Manager