PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 APR -7 AM 10:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002196

1. Limited Liability Company's Name
REALMED REALTY, LLC
1001 PONCE DELEON BLVD.
ST. AUGUSTINE, FL 32084

2. Principal Office Address	3. Mailing Office Address
1001 PONCE DELEON BLVD.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ST. AUGUSTINE, FL	City & State
Zip: 32084 / Country: St. John's	Zip / Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business In Florida: 02/09/01

6. FEI Number: 06-1631471 — Applied For ☐ Not Applicable ☐

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee is required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: ROBERT E. MEDEIROS

Street Address (P.O. Box Number is Not Acceptable): 1001 PONCE DELEON BLVD.

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Suite, Apt. #, Etc.

City: ST. AUGUSTINE | State: FL | Zip Code: 32084

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: Robert E. Medeiros — Date: 3/15/04
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
MGR	REALEJO, FRANK	1001 PONCE DELEON BLVD	ST. AUGUSTINE, FL 32084
MGRM	REALEJO, MARIA G.	1001 PONCE DELEON BLVD	ST. AUGUSTINE, FL 32084
MGRM	MEDEIROS, ROBERT E.	1001 PONCE DELEON BLVD	ST. AUGUSTINE, FL 32084
MGRM	MEDEIROS, MARIE I.	1001 PONCE DELEON BLVD	ST. AUGUSTINE, FL 32084

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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: Robert E. Medeiros — Date: 3/15/04 — Daytime Phone #: 904-827-0095

Typed or printed name of signing Managing Member/Manager: Robert E Medeiros