

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L01000002313

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000002313

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INTEGRATED HEALTH OF FLORIDA, LLC
6051 N OCEAN DRIVE
UNIT 701
HOLLYWOOD FL 33019-4622



REINSTATEMENT 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 02/09/2001	
Principal Place of Business 6051 N OCEAN DRIVE UNIT 701 HOLLYWOOD FL 33019	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 43-1974645	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 ROSENBAUM, FRANKLIN 6051 N OCEAN DRIVE UNIT 701 HOLLYWOOD FL 33019	9. Name and Address of New Registered Agent Name: CURTIS A. DANEXAS Street Address (P.O. Box Number is Not Acceptable): 6051 N. OCEAN DRIVE UNIT 701 City: Hollywood FL Zip Code: 33019
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10. 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] **SIGNATURE REQUIRED** Date: 10/4/03

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	ROSENBAUM, FRANKLIN	6051 N OCEAN DRIVE UNIT 701	HOLLYWOOD FL 33019
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REINSTATEMENT 2003			

12. 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: [Signature] **SIGNATURE REQUIRED** Date: 10/4/03 Daytime Phone: 305 775 9874

Typed or printed name of signing Managing Member/Manager