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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2002 LLC 482
LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 OCT 25 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 201000004747

1. Limited Liability Company's Name

EYE M.D. ASSOCIATES, P.L.

10/25/02 01063 001 ***50.00

2. Principal Office Address

9009 PINES BLVD.

3. Mailing Office Address

1940 HARRISON ST.

Suite, Apt. #, etc.

Suite/Apt. #, etc.

201-B

City & State

PEMBROKE PINES, FL

City & State

HOLLYWOOD, FL

Zip

Country

33024-6440

USA

Zip

Country

33020-5072

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-1149442

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

JUMPINGJAXTAX.COM, INC.

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

1940 HARRISON ST.

Suite/Apt. #, Etc.

201-B

City

HOLLYWOOD

State

FL

Zip Code

33020-5072

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]

REGISTERED AGENT MUST SIGN

Date 23 OCT 2002

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	E. Sonie Murray	9009 Pines Blvd.	Pembroke Pines, FL 33024

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

[Signature]

Date 23 OCT 2002 Daytime Phone # 800-203-2347

Typed or printed name of signing Managing Member/Manager

E. SONIE MURRAY, OPERATIONS MANAGER

CR20041 (9/01)

2962

**Eye M.D. Associates, P.L.
9009 Pines Blvd.
Pembroke Pines, FL 33024-6440**

24 October 2002

Florida Department of State
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314-6327

Subject: Reinstatement of Eye M.D. Associates, P.L.

To Whom It May Concern:

The United States Post Office began forwarding our mail to our new address at 131 NW 90 Av., Pembroke Pines, FL 33024 on October 11, 2001, from the old street address listed on our Articles of Organization.

At the time, a portion of our office building was being renovated; one of the results of the renovation was a change of address for the building and our office to 9009 Pines Blvd., Pembroke Pines, FL 33024-6440.

However, the United States Post Office did not update its database and our mail was often returned to sender as undeliverable if the mail carrier was not our regular mail carrier.

We therefore ask the \$100.00 reinstatement fee be waived.

We have enclosed a \$50.00 check payable to the Florida Department of State for the 2002 Florida Uniform Business Report.

Sincerely,

E. Sonie Murray, Operations Manager

Enc.: check and reinstatement form