PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 JAN -5 PM 4:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000005600

1. Limited Liability Company's Name
Valmed Beaches LLC.

02

2. Principal Office Address	3. Mailing Office Address
1561 Cassat Ave.	6271 St. Augustine Rd.
Suite, Apt. #, etc.	Suite Apt. #, etc. 218
City & State: Jacksonville Fl	City & State: Jacksonville Fl.
Zip: 32210 Country: Duval	Zip: 32217 Country: Duval

4. State/Country of Formation: Florida / U.S.
5. Date Organized or Qualified To Do Business in Florida: 4-11-2001
6. FEI Number: 65-1093593 ☐ 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: Jean E. Sheridan
Street Address (P.O. Box Number is Not Acceptable): 1561 Cassat Ave
Suite, Apt. #, Etc.:
City: Jacksonville State: FL Zip Code: 32210

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: Jean Sheridan Date: 1 5 04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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 M.	Jewel Scarlett M.D.	1561 Cassat Ave	Jax Fla 32210

REINSTATEMENT 2002-2005

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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: [signature] Date: 1-4-05 Daytime Phone #: 904-881-1680

Typed or printed name of signing Managing Member/Manager: