

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF  
JIM SMITH  
Secretary of State  
DIVISION OF CORPORATIONS

**L01000005843**  
**FILED**

02 OCT 28 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000005843

Name and Mailing Address

0002365 01 FP 0.352 \*\*PRSR T8 0 0615 33154-202999  
ELITE HEALTHCARE MANAGEMENT, L.L.C.  
1111 KANE CONCOURSE  
BAY HARBOR FL 33154-2029



2. New Mailing Address

City, State, Zip

Principal Place of Business

1111 KANE CONCOURSE  
BAY HARBOR FL 33154

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

04/16/2001

6. FEI Number

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

KLEIN, AVI  
1111 KANE CONCOURSE  
BAY HARBOR FL 33154

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

REGISTERED AGENT MUST SIGN

Date

10/22/02

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
MGR	KLEIN, AVI	P.O. BOX 546752	SURFSIDE FL 33154

200008606332  
10/28/02--01043--007 \*\*150.00

**REINSTATEMENT 2002**

BR

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

Date

10/22/02

Daytime Phone #

(305) 864-9191

Typed or printed name of signing Managing Member/Manager