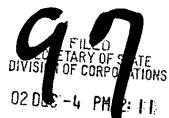
**APPLIC** 

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RIMEN OF STAT



Name and Mailing Address

0001722 01 FP 0.352 \*\*PRSRT T6 0 0615 33125-260955 la:HanHandlahikdahanlahHadlankdadihahalahilah TJ MEDICAL SERVICES, LLC 1455 NW 14TH STREET MIAMI FL 33125-2609

REINSTATEN 2. New Mailing Address State/Country of Formation FL

Principal Place of Business

City, State; Zip

1455 NW 14TH STREET **MIAMI FL 33125** 

3. New Principal Place of Business Address

State, Zip

6. FEI Number

5. Date Organized or Qualified To Do Business in Florida

Applied For

for a Certificate of Status

07/11/2001

Not Applicable \$5.00 Additional Fee required

8. Name and Address of Current Registered Agent

METSCH, BENJAMIN R ESQ. .. 1455 NW 14TH STREET **MIAMI FL 33125** 

Name and Address of New Registered Agent

CERTIFICATE OF STATUS DESIRED L

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

10. I, being appointed the r gent 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

11. Names and Street Addresses of Each Managing Member/Manager

Title(s) Members/Managers

Name of Managing

Street Address of Each Managing Member/Manager

City / State / Zip

Miami, F

400009350784 <del>12/04/02--01049--025--\*\*150.00</del>

REINSTATEMEN

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 filling 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

Managing Member/Manager