

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 DEC -4 PM 2:11

1. DOCUMENT # L01000011197

Name and Mailing Address

0001722 01 FP 0.352 \*\*PRSRT T6 0 0615 33125-260955



TJ MEDICAL SERVICES, LLC  
1455 NW 14TH STREET  
MIAMI FL 33125-2609

REINSTATEMENT 2002



12/2/02

CR2E084 (8/02)

<b>2. New Mailing Address</b> 941A SW 87th Ct City, State, Zip miami, FL 33174		<b>4. State/Country of Formation</b> FL	
<b>Principal Place of Business</b> 1455 NW 14TH STREET MIAMI FL 33125		<b>5. Date Organized or Qualified To Do Business in Florida</b> 07/11/2001	
<b>3. New Principal Place of Business Address</b> 941A SW 87 Ct City, State, Zip miami, FL 33174		<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Name and Address of Current Registered Agent</b> METSCH, BENJAMIN R ESQ. 1455 NW 14TH STREET MIAMI FL 33125		<b>7. CERTIFICATE OF STATUS DESIRED</b> <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
<b>9. Name and Address of New Registered Agent</b> Name: Ninnette M. Ortiz Street Address (P.O. Box Number is Not Acceptable) 941A SW 87 Ct City: miami FL Zip Code: 33174			
<b>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.</b> Signature of Registered Agent: [Signature] Date: Dec 2, 2002 REGISTERED AGENT MUST SIGN			
<b>11. Names and Street Addresses of Each Managing Member/Manager</b>			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
WSTD	Ninnette M. Ortiz	941A SW 87 Ct	miami, FL 33174
			4000009350784 12/04/02 01049 025 **150.00
REINSTATEMENT 2002			

**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] Date: Dec 2, 2002 Daytime Phone #: (305) 265-1908

Typed or printed name of signing Managing Member/Manager: Ninnette M. Ortiz