

11/04/03 16:18 FAX 0537

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APPROVED AND FILED 10/2

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PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



**FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # L01000011481

1. Limited Liability Company's Name
GENBIOMICS, LLC

REINSTATEMENT

ZDBB

2. Principal Office Address 5101 Rue Vendome		3. Mailing Office Address 2 S. Biscayne Blvd.		4. State/Country of Formation Florida	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 3400		5. Date Organized or Qualified To Do Business in Florida July 13, 2001	
City & State Lutz, Florida		City & State Miami, Florida		6. FEI Number 65-1137841	
Zip 33558	Country USA	Zip 33131	Country USA	7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> <small>35.00 additional fee imposed for a Certificate of Status</small>	

8. Name and Address of Current Registered Agent

Name: **Valdes-Fauli Corporate Services, Inc.**

Street Address (P.O. Box Number is Not Acceptable): **2 S. Biscayne Blvd.**

Suite, Apt. #, Etc.: **Suite 3400**

City: **Miami**

State: **FL** Zip Code: **33131**

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 BY: *[Signature]* **Mark J. Scheer** Date: **November 4, 2003**

REGISTERED AGENT MUST SIGN

10. Name and Street Address of Managing Members/Managers

Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Bookbinder, Lonnie MBA	2 S. Biscayne Blvd., Suite 3400	Miami, Florida 33131
MGRM	Gabriel, Richard BS	2 S. Biscayne Blvd., Suite 3400	Miami, Florida 33131
MGRM	Gomez, Hector J. MD	2 S. Biscayne Blvd., Suite 3400	Miami, Florida 33131

11. I certify that I am managing member/manager of 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: **11/4/03** Daytime Phone #: **813-809-2029**

Typed or printed name of signing Managing Member/Manager: **Hector J. Gomez, MD**

FAX AND IT NO: H03000310406

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Division of Corporations

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Florida Department of State
Division of Corporations
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LIMITED LIABILITY REINSTATEMENT

GENBIOMICS, LLC

Certificate of Status	0
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