

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 30 AM 9:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000011682

1. Limited Liability Company's Name

Solomon + Solomon Medical Clinic LLC

2. Principal Office Address

1600N STATE RD #7

Suite, Apt. #, etc.

200

City & State

LAUDER HILL FL

Zip
33313

Country

USA

3. Mailing Office Address

1600N STATE RD #7

Suite, Apt. #, etc.

200

City & State

LAUDER HILL FL

Zip

33313

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

1998

6. FEI Number

65-0905871

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

VALENIE T. SOLOMON

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

14500 LURAY RD

Suite, Apt. #, Etc.

City

Southwest Ranches

State

FL

Zip Code

33330

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

REGISTERED AGENT MUST SIGN

Date

11/12/04

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	Irwin Solomon	14500 Luray Rd S.W. Ranches	Southwest ranches FL 33330

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

Bohoma

Date

11/12/04

Daytime Phone # 954-294-0911

Typed or printed name of signing Managing Member/Manager

IRWIN C. SOLOMON

CR2041 (10/02)