

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -2 AM 10:41

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000011706

1. Limited Liability Company's Name

Orthopaedicare Hallandale, LLC

500065830875
02/14/06--01034--003 **300.00

CR2E041 (8/05)

2. Principal Office Address

230 S Dixie Highway
Suite, Apt. #, etc.

3. Mailing Office Address

21000 NE 28th Ave
Suite, Apt. #, etc.
#104

City & State

Hallandale FL 33009

City & State

Aventura, FL

Zip

33009

Country

Zip

33180

Country

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0357304

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

Alison Herman

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

2800 Ponce De Leon Blvd

Suite, Apt. #, Etc.

1125

City

Coral Gables, FL

State

FL

Zip Code

33134

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

Date

REGISTERED AGENT MUST SIGN

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 -	<u>Nina Bleier</u>	<u>21000 NE 28th Ave #104</u>	<u>Aventura, FL 33180</u>

REINSTATEMENT 03-06

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

Nina Bleier

Date

1/26/05

Daytime Phone #

305 939-1999

Typed or printed name of signing Managing Member/Manager