

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2005 MAY -4 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000012810

1. Limited Liability Company's Name

Center For Cosmetic & Reconstructive Surgery LLC

100055534571
05/31/05--01074--003 **300.00

2. Principal Office Address

1535 Sunset Drive

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33143

Country

USA

3. Mailing Office Address

1535 Sunset Drive

Suite, Apt. #, etc.

City & State

Coral Gables, Florida

Zip

33143

Country

USA

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

8/2/01

6. FEI Number

65-1126593

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

Javier Flores

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

1535 Sunset Drive

Suite, Apt. #, Etc.

City

Coral Gables

State

FL

Zip Code

33143

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

Javier Flores

Date

4/2/05

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	Javier Flores		
mgr	Anthony Huan	2898 S.W. 180 th Terr.	Miramar, FL 33029

REINSTATEMENT 02-05

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

Date

4/2/05

Daytime Phone #

Typed or printed name of signing Managing Member/Manager