PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
03 NOV -7 AM 8:28

03 NOV 7 PM 1:19

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000016786

1. Limited Liability Company's Name

NURSESSTAT LLC

000024098110
11/07/03--01072--005 **100.00

000024098110
10/24/03--01072--021 **50.00

2. Principal Office Address		**3.** Mailing Office Address	
350 JIM MORAN BLVD		350 JIM MORAN BLVD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 150		SUITE 150	
City & State		City & State	
DEERFIELD BEACH FL		DEERFIELD BEACH FL	
Zip	Country	Zip	Country
33442	USA	33442	USA

4. State/Country of Formation

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number 65-1148008 ☐ 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: JONATHAN BLOOM, ESQ. OF BLOOM BALLEN AND FREELING

Street Address (P.O. Box Number is Not Acceptable): 2295 NW CORPORATE BLVD

Suite, Apt. #, Etc.: SUITE 117

City: BOCA RATON | State: FL | Zip Code: 33431

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 10/21/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	IBX GROUP, INC.	350 JIM MORAN BLVD	DEERFIELD BEACH FL 33442
MGR	EVAN BROVENICK	350 JIM MORAN BLVD	DEERFIELD BEACH FL 33442
		REINSTATEMENT 03	

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 10/17/03 Daytime Phone # 561-998-3020

Typed or printed name of signing Managing Member/Manager EVAN BROVENICK