

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. FILED

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2004 NOV 30 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000016947

1. Limited Liability Company's Name

Health Systems Reimbursement Network, LLC

2. Principal Office Address

4300 North University Drive

Suite, Apt. #, etc.

Suite A-102

City & State

Lauderhill, FL

Zip

33351

Country

US

3. Mailing Office Address

4300 North University Drive

Suite, Apt. #, etc.

Suite A-102

City & State

Lauderhill, FL

Zip

33351

Country

US

4. State/Country of Formation

FL

**5. Date Organized or Qualified
To Do Business in Florida**

10/01/01

6. FEI Number 65-11-44151

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

Theo Tarantini

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

4300 North University Drive

Suite, Apt. #, Etc.

Suite A-102

City

Lauderhill

State

FL

Zip Code

33351

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 **Nov 11 2004**

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
MGRM	Theo Tarantini	2194 Country Golf Drive	Wellington, FL 33414
MGRM	Cathy Idema	2194 Country Golf Drive	Wellington, FL 33414

REINSTATEMENT 02-04

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11/30/04--01052--010 **250.00

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 **Nov 11 2004**

Daytime Phone # **954-749-5220**

Typed or printed name of signing Managing Member/Manager **Theo Tarantini, MGRM**

CR2E041 (10/02)