

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NOV 14 AM 11:19

DOCUMENT # L01000017026

Limited Liability Company's Name

SOUTH FLORIDA PAIN MANAGEMENT CENTER, LLC

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

400009009814  
11/14/02--01105--008 \*\*150.00

2. Principal Office Address

2340 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

DANIA BEACH, FLORIDA

Zip

33312

Country

USA

3. Mailing Office Address

2340 GRIFFIN ROAD

Suite, Apt. #, etc.

City & State

DANIA BEACH, FLORIDA

Zip

33312

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified

To Do Business in Florida OCTOBER 4, 2001

6. FEI Number

65-1144204

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

JENNIFER L. SCHECHTMAN, CPA

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

9050 PINES BLVD.

Suite, Apt. #, Etc.

SUITE 205

City

PEMBROKE PINES,

REINSTATEMENT

2002

State  
FL

Zip Code  
33024

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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date NOVEMBER 4, 2002

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	JERRY DUBRAVETZ	2340 GRIFFIN ROAD	DANIA BEACH, FLORIDA 33312
MGR	CHARLA SANTAMARIA	2340 GRIFFIN ROAD	DANIA BEACH, FLORIDA 33312

*[Signature]*

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

*[Signature]*

Date 11-04-02

Daytime Phone # 954-605-6298

Typed or printed name of signing Managing Member/Manager

Jerry Dubravetz

CR2E041 (9/01)