

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
John Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC 13 PM 12:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017225

Name and Mailing Address

0003335 01 FP 0.352 **PRST TO 0 0615 33315-310712



INTERNATIONAL HEALTHCARE DEVELOPMENT GROUP, L.L.C.
2901 S.W. 3RD AVENUE, SUITE 1-B
FT. LAUDERDALE FL 33315-3107

900008936299
11/12/02--01085--008 **155.00



2. New Mailing Address

See Above - Same

City, State, Zip

Principal Place of Business

2901 S.W. 3RD AVENUE, SUITE 1-B
FT. LAUDERDALE FL 33015

3. New Principal Place of Business Address

Same

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/04/2001

6. FEI Number

37-1423215

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

CONRAD, EDWARD
2901 S.W. 3RD AVENUE, SUITE 1-B
FT. LAUDERDALE FL 33015

9. Name and Address of New Registered Agent

Name

Edward C Conrad MGRM

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

1700 SE 9th ST.

City

FT. Lauderdale

FL

Zip Code

33316

10. 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] MGRM

Date 12-08-02

REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	EDWARD C CONRAD	1700 SE 9th ST.	FT. Lauderdale 33316

REINSTATEMENT 2002

BK

12. 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] MGRM

Date

10-31-02

Daytime Phone #

954-523 4542

Typed or printed name of signing Managing Member/Manager

EDWARD C Conrad MGRM

CR2E084 (8/02)