

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 NOV 10 PM 5:28

1. DOCUMENT # L01000017225

Name and Mailing Address

0008486 01 AT 0.292 **AUTO T1 0 0615 33315-310712



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



2. New Mailing Address

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

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 C
1700 S.E. 9TH STREET
FT. LAUDERDALE FL 33316

9. Name and Address of New Registered Agent

Name

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

000024566630
11/10/03--01074--013 **150.00

City

FL

Zip Code

10. I, being appointed the registered agent of the above 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 11-6-03

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	CONRAD, EDWARD C	1700 S.E. 9TH STREET	FT. LAUDERDALE FL 33316

REINSTATEMENT

03
[Signature]

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]

Date 11-6-03

Daytime Phone # 954-522-7652

Typed or printed name of signing Managing Member/Manager

Edward C. Conrad

CR2E084 (7/03)