

L01000018917

APPROVE
AND
FILED

03 FEB 10 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L01000018917

1. Limited Liability Company's Name
Burr Medinvest, LLC

REINSTATEMENT

2002-
2003

2. Principal Office Address 2111 NW 79 Ave		3. Mailing Office Address 2111 NW 79 Ave	
Suite, Apt. #, etc. C-620		Suite, Apt. #, etc. C-620	
City & State Miami, FL		City & State Miami, FL	
Zip 33122	Country USA	Zip 33122	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/02/01	
6. FEI Number 65-1152155	Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent	
Name Michael Mesa	
Street Address (P.O. Box Number is Not Acceptable) 9600 NW 25 Street	
Suite, Apt. #, Etc. Suite 3-F	
City Miami	State FL
Zip Code 33172	

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] Date 2/5/03

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
MGR	Luis Badolato	2111 NW 79 Ave C-620	Miami, FL 33172

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 02-05-03 Daytime Phone# 305-593-7041

Typed or printed name of signing Managing Member/Manager Luis Badolato Manager

CR2E041 (10/02)