

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

04 FEB -2 AM 10:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 101000019198

1. Limited Liability Company's Name

NORTH MIAMI INJURY, LLC

200028781738  
02/16/04--01010--003 \*\*150.00

2. Principal Office Address

7160 SW 62nd Ave

Suite, Apt. #, etc.

3. Mailing Office Address

7160 SW 62nd Ave

Suite, Apt. #, etc.

City & State

MIAMI FL

Zip

33143

Country

USA

City & State

MIAMI FL

Zip

33143

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

65-1151986

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

MARUCCI, Jason T

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

15575 SW 17th St

Suite, Apt. #, Etc.

City

DAVIE

State

FL

Zip Code

33326

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

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
<u>MEM</u>	<u>JASON T. MARUCCI</u>	<u>15575 SW 17th St</u>	<u>DAVIE FL / 33326</u>

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

J T Marucci

Date 1/28/04

Daytime Phone (352) 663 6681

Typed or printed name of signing Managing Member/Manager

**North Miami Injury, LLC**

7160 SW 62<sup>nd</sup> Avenue  
Miami, FL 33143  
(305) 663 6681  
(305) 663 8645 - fax

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December 15, 2003

Florida Department of State  
Attn: Registration  
Division of Corporations  
PO Box 6327  
Tallahassee, Florida  
32314

Dear Sir or Madam:

~~This letter is to notify your office that a letter of registration renewal was not received for North Miami Injury, LLC EIN 651151986. Enclosed is payment of \$150 as per instructions. Please reinstate this limited liability company effective immediately to a status of active. I can be reached with any comments or questions at (305) 986-4068. Please change the mailing address to the above address.~~

Sincerely,

Jason T. Marucci  
Managing Member