

The Seal of the State of Florida is a circular emblem. It features a central shield with a palm tree, a sun, and a river. The shield is surrounded by a wreath. The outer ring of the seal contains the text "GREAT SEAL OF THE STATE OF FLORIDA" at the top and "IN GOD WE TRUST" at the bottom.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 30 AM 8:24

Name and Mailing Address

Barcode

ADRENALINE CARE, LLC
6695 SW 111 STREET
MIAMI FL 33156-4008



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 11/08/2001	
Principal Place of Business 6695 SW 111 STREET MIAMI FL 33156	3. New Principal Place of Business Address		6. FEI Number NOT APPLICABLE
	City, State, Zip		Applied For Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>			\$5.00 Additional Fee required for a Certificate of Status
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ZAYAS-BAZAN, JANETTE 6695 SW 111 STREET MIAMI FL 33156		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
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		Date 12-29-03	
REINSTATEMENT REQUIRED 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	ZAYAS-BAZAN, JANETTE	6695 SW 111 STREET	MIAMI FL 33156
100025854601 12/30/03--01040--007 **150.00 REINSTATEMENT <u>03</u> <i>dec</i>			
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		Date 12-29-03 Daytime Phone # 305-798-1612	
Typed or printed name of signing Managing Member/Manager		Janette Zayas-Bazan	

CR2F034 (7/03)

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