

L01000020220

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 NOV -5 AM 8:06

11/18

DOCUMENT # L01000020220

1. Limited Liability Company's Name

Comprehensive Headache & Pain Treatment
Center, LLC

REINSTATEMENT

2002-
2003

300024759003
11/05/03--01025--021 **1110.00

2. Principal Office Address

1770 N.E. Miami Gardens Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1770 N.E. Miami Gardens Drive

Suite, Apt. #, etc.

City & State

North Miami Beach, FL

Zip

33179

Country

USA

City & State

North Miami Beach, FL

Zip

33179

Country

USA

4. State/Country of Formation

Florida/USA

5. Date Organized or Qualified
To Do Business in Florida

11/21/01

6. FEI Number

01-0547868

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

Barry Burak

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

1770 N.E. Miami Gardens Drive

Suite, Apt. #, Etc.

City

North Miami Beach,

State

FL

Zip Code

33179

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

11/3/03

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
Manager	Barry Burak	1770 N.E. Miami Gardens Drive	Miami, FL 33179

2002-

REINSTATEMENT

2003

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

Date

11/3/03

Daytime Phone # 305-666-8883

Typed or printed name of signing Managing Member/Manager

Barry Burak

CR2004-00021