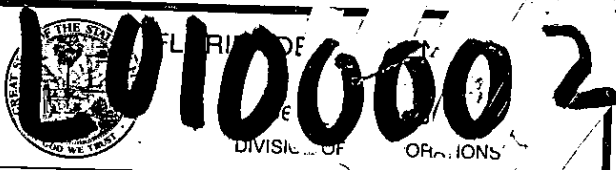


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING

APPLICATION  
FOR  
REINSTATEMENT



**FILED**  
**Mar 10, 2003 8:00 A.M**  
**Secretary of State**

1. DOCUMENT # L01000021347

Name and Mailing Address

0004334 01 FP 0.352 \*\*PRSR T3 0 0615 33433-415139  
INFRARED THERAPY OF SOUTH FLORIDA L.C.  
7539 LONDON LANE  
BOCA RATON FL 33433-4151

500011991295  
02/07/03--01061--021 \*\*200.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/1/2001

Principal Place of Business

7539 LONDON LANE  
BOCA RATON FL 33433

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

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

GOLDMAN, STUART  
7539 LONDON LANE  
BOCA RATON FL 33433

9. Name and Address of New Registered Agent

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

REGISTERED AGENT MUST SIGN

Date 1/21/03

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
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STUART GOLDMAN MGR

7539 LONDON LANE  
BOCA RATON FL 33433

**REINSTATEMENT 2002-2003**

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

1/21/03

Daytime Phone #

561 995-0229

Typed or printed name of signing Managing Member/Manager