

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

L01000022750

FILED

02 OCT 29 AM 8:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000022750

Name and Mailing Address

0001021 01 FP 0.352 \*\*PRST T4 0 0615 33012-442499



EDWARD F. SAFILLE M.D. P.L.C.  
4201 PALM AVENUE, 2ND FLOOR  
HIALEAH FL 33012-4424



10/4/02

2. New Mailing Address

City, State, Zip

Principal Place of Business

4201 PALM AVENUE, 2ND FLOOR  
HIALEAH FL 33012

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/27/2001

6. FEI Number

412041951

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

IBANEZ, SILVIA  
7380 SAND LAKE ROAD, SUITE 500  
ORLANDO FL 32819

9. Name and Address of New Registered Agent

Name LORI SAFILLE  
Street Address (P.O. Box Numbers Not Acceptable)  
4201 PALM AVE STE 20  
City Hialeah FL Zip Code 33012

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

[Signature]  
REGISTERED AGENT MUST SIGN

Date 10/23/02

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
<u>MEM</u> <u>OFFICER</u> <u>MANAGER</u>	<u>LORI SAFILLE</u>	<u>4201 Palm Ave</u> <u>Ste 20</u>	<u>Hialeah, FL</u> <u>33012</u>

400008671074  
10/29/02--01099--014 \*\*150.00

REINSTATEMENT 2002

nk

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 [Signature] Date 10/23/02 Daytime Phone # 305 362-6828

Typed or printed name of signing Managing Member/Manager LORI SAFILLE

CR2E084 (8/02)