

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 30 AM 8:24

DOCUMENT # L02000001384

1. Limited Liability Company's Name

Pediatric Weight Management L.L.C.

2. Principal Office Address

2042 Quail Roost Drive

3. Mailing Office Address

2042 Quail Roost Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Weston, FL

City & State

Weston, FL

Zip

33329

Country

USA

Zip

33329

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

30-0017607

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

Pedro Somarriba

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

2042 Quail Roost Drive

900025840449
12/30/03--01023--003 **150.00

Suite, Apt. #, Etc.

City

Weston

State
FL

Zip Code
33329

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
Member	Pedro Somarriba	2042 Quail Roost Drive	Weston, FL 33329
Member	Jaime Rodriguez, MD	2695 Cypress Manor	Weston, FL 33332
Member	Raul Aguirre, MD	2561 Jardin Lane	Weston, FL 33327

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

12/12/03

Daytime Phone # (954) 564-7480

Typed or printed name of signing Managing Member/Manager
Pedro Somarriba

CR2E041 (10/02)