

▲ Tear Here ▲

▲ Tear Here ▲

▲ Tear Here ▲

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Gwendolyn M. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

03 NOV 24 AM 11:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000001980

Name and Mailing Address

0006801 01 AT 0.292 \*\*AUTO T6 0 0615 33156-584751



MARTIN M. BERGER, M.D., LC  
8353 S.W. 124TH STREET, SUITE 201  
MIAMI FL 33156-5847

**REINSTATEMENT**

*2003*



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/25/2002	
Principal Place of Business 8353 S.W. 124TH STREET, SUITE 201 MIAMI FL 33156	3. New Principal Place of Business Address 201 City, State, Zip	6. FEI Number 02 0537777	Applied For Not Applicable
8. Name and Address of Current Registered Agent BERGER, MARTIN M M.D. 8353 S.W. 124TH STREET, SUITE 201 MIAMI FL 33156		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>M. BERGER</i>		Date 10/30/03	
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	MARTIN M BERGER, MD	8353 SW 124 ST Suite 201	MIAMI, FL 33156
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 <i>M. BERGER</i>		Date 10/30/03 Daytime Phone # 305 235 4141	
Typed or printed name of signing Managing Member/Manager MARTIN M BERGER, MD			

CR2E034 (7/03)