

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC 17 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000003502

1. Limited Liability Company's Name

NURIA LAWSON, M.D., P.L.

2. Principal Office Address

7150 W. 20TH AVE.

Suite, Apt. #, etc.

#215

City & State

HALEAH, FL

Zip

33016

Country

MIAMI-DADE

3. Mailing Office Address

7150 W. 20TH AVE.

Suite, Apt. #, etc.

#215

City & State

HALEAH, FL

Zip

33016

Country

MIAMI-DADE

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

FEB 13
2002

6. FEI Number

04-3621886

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

NURIA LAWSON, M.D.

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

7150 W. 20TH AVENUE

Suite, Apt. #, Etc.

SUITE 215

City

HALEAH

State

FL

Zip Code

33016

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 12-11-03

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
MGR	NURIA LAWSON, M.D.	7150 W. 20TH AVE. #215	HALEAH, FL 33016
			M THOMAS

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

[Signature]

Date 12-11-03 Daytime Phone# (305) 828-9343

Typed or printed name of signing Managing Member/Manager

NURIA M. LAWSON, M.D.

CR2E041 (10/02)