

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L02000003664 1982

1. DOCUMENT # L02000003664

Name and Mailing Address

0005666 01 AT 0.292 **AUTO T3 0 0615 33125-260955

ADVANCE HEALTHCARE SYSTEMS, LLC
1455 NW 14TH ST.
MIAMI FL 33125-2609

04 JAN 13 PM 2:03

12/22/04

REINSTATEMENT 2003 - 2004



2. New Mailing Address 13640 SW 142 AVE City, State, Zip Miami FL 33177		4. State/Country of Formation FL	
Principal Place of Business 1455 NW 14TH ST. MIAMI FL 33125		5. Date Organized or Qualified To Do Business in Florida 02/14/2002	
3. New Principal Place of Business Address 13640 SW 142 AVE City, State, Zip Miami FL 33177		6. FEI Number 75-3005443 Applied For Not Applicable	
8. Name and Address of Current Registered Agent METSCH, BENJAMIN R 1455 NW 14TH ST. MIAMI FL 33125		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: VARES INC % G. Castellanos Street Address (P.O. Box Number is Not Acceptable) 1688 SW 22ND ST City: Miami FL Zip Code: 33145			
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] Date: 1/8/03			
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
MGR	BARBARA A. BARNES	13640 SW 142 AVE MIAMI FL 33177	MIAMI FL 33177
		600026884836 01/13/04--01091--002 **50.00	
		5/2/2003 90567 050 \$50.00	
		2003 -	
		REINSTATEMENT 2004	

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] SIGNATURE REQUIRED Date: 1/8/03 Daytime Phone #: 305-321-1569

Typed or printed name of signing Managing Member/Manager

2082

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, Fl. 32314-6327

RE: Reinstatement for L02000003664

Dear Sirs,

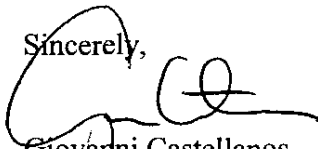
This letter is in reference to the reinstatement of Advance Healthcare Systems LLC.

As per our conversation you advised me that the annual report had been returned to the registered agent with missing information. The registered agent appearing on the Corporation was our attorney and never forwarded the application to us.

As per your instructions, attached please find the 2003 form with the corrections and the 2004 reinstatement with the \$ 50.00 fee.

If you should have any questions, please do not hesitate to contact me at your convenience.

Sincerely,



Giovanni Castellanos
Registered agent
L02000003664

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
04 JAN 13 PM 2:03