L02000009761

APPROVED AND FILED

1002

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000009761

1. Limited Liability Company's Name
Vein Specialists of Boca Raton, LLC

REINSTATEMENT 2003-2004

2. Principal Office Address		3. Mailing Office Address	
200 Glades Rd		200 Glades Rd	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Suite 2		Suite 2	
City & State		City & State	
Boca Raton, FL		Boca Raton, FL	
Zip	Country	Zip	Country
33432	USA	33432	USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 4/24/02

6. FEI Number: 71-0882455 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: Alan Robins

Street Address (P.O. Box Number is Not Acceptable): 4505 Poinciana Street

Suite, Apt. #, Etc.:

City: Ft. Lauderdale | State: FL | Zip Code: 33308

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: 3-15-04

REGISTERED AGENT MUST SIGN

CR2E041 (1/03)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Alan Robins	4505 Poinciana Street	Ft. Lauderdale, FL 33308
MGRM	Steve Robins	405 N.E. Third Street	FT. Lauderdale, FL 33301
MGRM	Thomas Ashton	200 Glades Rd	Boca Raton, FL 33432

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 608.508, 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: 3-15-04 Daytime Phone # 954-229-3385

Typed or printed name of signing Managing Member/Manager: Alan Robins

Florida Department of State

Division of Corporations

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LIMITED LIABILITY REINSTATEMENT

VEIN SPECIALISTS OF BOCA RATON, LLC

Certificate of Status	0
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