L02000019375

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 NOV 13 PM 3:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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11/13/03--01051--019 **155.00

DOCUMENT # L02000019375

1. Limited Liability Company's Name
HARBOR HEALTHCARE CONSULTANTS, LLC

2. Principal Office Address	3. Mailing Office Address
7491 WEST OAKLAND PARK	7491 WEST OAKLAND PARK
Suite, Apt. #, etc.: 3RD FLOOR	Suite, Apt. #, etc.: 3RD FLOOR
City & State: LAUDERHILL, FL	City & State: LAUDERHILL, FL
Zip: 33319 Country:	Zip: 33319 Country:

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 7-24-2002

6. FEI Number: 30-0097831 ☐ 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: MICHAEL ROSENBERG

Street Address (P.O. Box Number is Not Acceptable): 7491 WEST OAKLAND BLVD

Suite, Apt. #, Etc.: 3RD FLOOR

City: LAUDERHILL State: FL Zip Code: 33319

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: X _____ Date: _____

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGRM	MICHAEL ROSENBERG	18000 NE 9TH FL	NORTH MIAMI BEACH, FL 33162
		REINSTATEMENT 03	
		AL	

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 608.408, 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: X _____ Date: _____ Daytime Phone #: _____

Typed or printed name of signing Managing Member/Manager: MICHAEL ROSENBERG