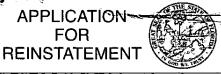
## APPLICATION-**FOR**



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

DIVISION OF CORPORATIONS

FILED

04 JAN -9 PM 12: 57

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1. DOCUMENT #

L02000022422

Name and Mailing Address

0005673 01 AT 0.292 \*\*AUTO T3 0 0615 33125-160075 lalladiaalladdalaafidhalladadalabbad GLOBAL VISION ASSOCIATES, LLC 1295 N.W. 14TH STREET, SUITE C MIAMI FL 33125-1600

Typed or printed name of signing Managing Member/Manager

2. New Mailing Add	ress N//	State/Country of Formation     FL								
City, State, Zip	N	5. Date Organized of Qualified To Do Business in Florida 08/29/2002								
Principal Place of Business 1295 N.W. 14TH STREET, SUITE C MIAMI*FL=33125			al Place of Buriness Address		6. FEI Number x 13-4209709		Applied For Not Applicable			
WIAMIFE	' N/A		7. CERTIFICATE	S5.00 Additional Fee required for a Certificate of Status						
8.	Name and Address of Current	Registered Age		Name and Address of New Registered Agent						
KTG&S F 100 S.E. MIAMI FL	Name   Street Address (P.O. Box Marker is Not Acceptable)   425   153425   12702703-01064-004   **150.00									
			***************************************				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 Date //4/09  REGISTERED AGENT MUST SIGN										
11. Names and Str	eet Addresses of Each Managing	Member/Manag	jer							
Title(s) Members/Managers Managers			Manag	et Address of Each						
Pies. Morris F. Segoll, M.D. Suite C			W. 14th St. Winni, FloRIDA 33/25				)A====================================			
V.P./Treos.	Louis Keilson	,H.D.	1295 NW SuiTE C	14 M. ST.	*	HIANI, FO	Corioa 3121			
			RZNS	TATEN		03				
					(	92				
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 fitting 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/Manage  Date Date Date Daytime Phone # (305) 545-0800										