

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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



GLOBAL VISION ASSOCIATES, LLC
1295 N.W. 14TH STREET, SUITE C
MIAMI FL 33125-1600



2. New Mailing Address N/A		4. State/Country of Formation FL	
City, State, Zip N/A		5. Date Organized or Qualified To Do Business in Florida 08/29/2002	
Principal Place of Business 1295 N.W. 14TH STREET, SUITE C MIAMI FL 33125	3. New Principal Place of Business Address N/A	6. FEI Number x 13-4209709	Applied For Not Applicable
City, State, Zip N/A		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent KTG&S REGISTERED AGENTS CORPORATION 100 S.E. 2ND STREET, SUITE 2800 MIAMI FL 33131-1714		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 500025168425 12702703--01064--004 **150.00 City FL Zip Code	
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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 Travis Kiper **SIGNATURE REQUIRED** Date 1/4/04
REGISTERED AGENT MUST SIGN

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
Pres.	Morris F. Segall, M.D.	1295 N.W. 14th St. SUITE C	MIAMI, FLORIDA 33125
V.P./Treas.	Louis Keilson, M.D.	1295 N.W. 14th St. SUITE C	MIAMI, FLORIDA 33125
		REINSTATEMENT	03

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 Travis Kiper **SIGNATURE REQUIRED** Date 10/20/03 Daytime Phone # (305) 545-0800
Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)