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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 JUN -9 PM 2:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000026685

Name and Mailing Address

0008210 01 AT 0.292 \*\*AUTO TO 0 0615 33308-481330



FLEXIBLE HEALTH PLANS, LLC  
4830 NE 25TH AVE  
FT. ALUDERDALE FL 33308-4813



700037761047

2. New Mailing Address

City, State, Zip

Principal Place of Business  
4830 NE 25TH AVE  
FT. ALUDERDALE FL 33308

3. New Principal Place of Business Address

City, State, Zip  
**Fort Lauderdale**

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 10/09/2002

6. FEIN No. **141850669**  
Applied For  
Not Applicable

CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

MARTUTARTUS, JOSPEH JR  
4830 NE 25TH AVE  
FT. ALUDERDALE FL 33308

9. Name and Address of New Registered Agent

Name

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

City **Fort Lauderdale** FL 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 **Joseph Martutartus**  
REGISTERED AGENT MUST SIGN

Date **5-27-04**

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
MGRM	MARTUTARTUS, JOSPEH JR	4830 NE 25TH AVE	FT. ALUDERDALE FL 33308

**REINSTATEMENT** 2003-2004

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 **Joseph Martutartus**

Date **5-27-04** Daytime Phone **954-492 0344**

Typed or printed name of Managing Member/Manager

CR2E034 (7/03)