

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

003 NOV 21 AM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000028632

Name and Mailing Address

0006147 01 AT 0.292 **AUTO T4 0 0615 33138-234686



METROMED OF MIAMI / MIAMI SHORES, LTD.CO.

9999 NE 2ND AVE.

SUITE 311

MIAMI SHORES FL 33138-2346

hsk



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/28/2002	
Principal Place of Business 9999 NE 2ND AVE. SUITE 311 MIAMI SHORES FL 33138	3. New Principal Place of Business Address City, State, Zip	6. FEI Number	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

CR2EG34 (7/03)

8. Name and Address of Current Registered Agent HERNANDEZ, OSCAR L 11889 SW 72 TERR. MIAMI FL 33183-3703	9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 *[Signature]* **SIGNATURE REQUIRED** Date _____

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
MGRM	HERNANDEZ, OSCAR L	11889 SW 72 TERR.	MIAMI FL 33183-3703
REINSTATEMENT 2003			
600024923326 11/21/03--01033--004 **150.00			
<i>BR</i>			

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 *[Signature]* **SIGNATURE REQUIRED** Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager