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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 27 AM 10:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L62000030015**

1. Limited Liability Company's Name

VANGARD IMAGING, LLC

400037839544
06/10/04--01008--032 **105.00

2. Principal Office Address

4253 NORTH STATE RD. 7

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FORT LAUDERDALE, FL

City & State

Zip

33319

Country

U.S.A.

Zip

Country

4. State/Country of Formation

FLORIDA/U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

11/12/2002

6. FEI Number

41-2067104

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

LISA METELLUS-HOOD, ESQUIRE

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

810 SOUTH STATE ROAD SEVEN

Suite, Apt. #, Etc.

City

PLANTATION

State
FL

Zip Code
33317

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

Lisa Metellus Hood

REGISTERED AGENT MUST SIGN

Date **5/15/2004**

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	GREGOIRE GARCON	5177 NORTH SPRINGS WAY.	CORAL SPRINGS, FL 33076

2003-2004
6/11/04

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 608.406, 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

Gregoire Garcon

Date **5/15/2004**

Daytime Phone # **954-535-1915**

Typed or printed name of signing Managing Member/Manager **GREGOIRE GARCON**

CR2E041 (10/02)

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May 24, 2004

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
REGISTRATION SECTION
P.O. BOX 6327
TALLAHASSEE, FL 32314

Re: **Vanguard Imaging, LLC**

Dear Mr. Nembhard:

Please find enclosed a Limited Liability Company Reinstatement form for the above-referenced company. Please be aware that our client never received its annual Report for 2003, therefore please find enclosed, a check in the amount of One Hundred and Five Dollars (\$105.00) for the reinstatement fee and Five Dollars (\$5.00) for the Certificate of Good Standing. The Certificate of Good Standing should be forwarded to our client directly at the address listed on the form.

If you have any questions or comments, please do not hesitate to contact our office.

Very truly yours,

Lisa Metellus-Hood, Esquire
For The Firm

Enclosures as indicated
LMH/sgp

S:\client files\Garcon, Gregoire\Correspondences\Florida Dept of State Division of Corp ltr#1.wpd