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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 DEC 26 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000030686

Name and Mailing Address

0005497 01 AT 0.292 **AUTO T2 2 0615 33071-687209
DB SURGICAL, LLC
10409 NW 6TH STREET
CORAL GABLES FL 33071-6872

800025771718
12/26/03--01031--038 **50.00

2. New Mailing Address
12480 W Atlantic Blvd. # 1

City, State, Zip
Coral Springs, FL 33071

Principal Place of Business
10409 NW 6TH STREET
CORAL GABLES FL 33071

3. New Principal Place of Business Address
12480 W Atlantic Blvd #1

City, State, Zip
Coral Springs, FL 33071

4. State/Country of Formation
FL

5. Date Organized or Qualified To Do Business in Florida
11/15/2002

6. FEI Number
11-366-4631

☐ Applied For
☐ Not Applicable

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

CR2E084 (7/03)

8. Name and Address of Current Registered Agent

BURG, LEE
10409 NW 6TH STREET
CORAL GABLES FL 33071

9. Name and Address of New Registered Agent

Name: Lee H. Burg, Esq.
Street Address (P.O. Box Number is Not Acceptable)
3111 Stirling Road
City: Fort Lauderdale FL Zip Code 33312

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 REQUIRED Date 11/17/03

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	Debbie Burg	10409 NW 6th Street	Coral Springs, FL 33071
MGRM	Lee H. Burg	10409 NW 6th Street	Coral Springs, FL 33071

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 REQUIRED Date 12/18/03 Daytime Phone # 954-985-4184

Typed or printed name of signing Managing Member/Manager

2 of 2

Lee H. Burg, Esq.
10409 NW 6th Street
Coral Springs, FL
954-985-4184

Division of Corporations
Registration Section
PO Box 6327
Tallahassee, FL 32314-6327

Re: Limited Liability Company Reinstatement

To Whom It May Concern:

Pursuant to my conversation with your representative I stated that I did not receive my reinstatement paperwork from the Secretary of State due to the fact that the address was inputted incorrectly. The representative stated that the $100.00 fee would be waived for reinstatement. Therefore I am enclosing a check in the amount of $50.00 for the annual report fee, which will be the total amount to reinstate DB Surgical, LLC. Please advise me when DB Surgical, LLC. Is reinstated.

Very truly yours,

Lee H. Burg

LHB/mas