

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 MAR 29 PM 12:47

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000033365**

1. Limited Liability Company's Name

Allapattah Medical Clinic, L.L.C.

500031360125  
03/29/04--01112--002 \*\*\*45.00

2. Principal Office Address

1313 NW 36 Street

Suite, Apt. #, etc.

400

City & State

Miami, Florida

Zip

33142

Country

USA

3. Mailing Office Address

1313 NW 36 Street

Suite, Apt. #, etc.

400

City & State

Miami, Florida

Zip

33142

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/12/2002

6. FEI Number

01-0759750

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

Jose Thomas, CPA

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

12839 NW 18th. Court

Suite, Apt. #, Etc.

City

Pembroke Pines

State  
FL

Zip Code  
33028

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

REGISTERED AGENT MUST SIGN

Date 02/11/2004

**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
P	Evalina W. Bestman, PhD.	9230 NW 13th. Court	Miami, FL 33147
VP	Ana Benitez-Wiggins	13149 SW 24th Street	Miramar, FL 33027

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

Date 02/11/2004

Daytime Phone # (305) 635-0366

Typed or printed name of signing Managing Member/Manager Ana Benitez-Wiggins, VP

CR2E041 (10/02)