

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 FEB -9 PM 12:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033759

2008

1. Limited Liability Company's Name

Jupiter Medical Association, LLC
4600 Military Trail, Suite 110
Jupiter, FL 33458-4811

200167918712
02/03/10--01036--004 **377.50
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box #

4600 Military Trail

Suite, Apt. #, etc.

110

City & State

Jupiter, FL

3. Mailing Office Address

4600 Military Trail

Suite, Apt. #, etc.

110

City & State

Jupiter, FL

Zip

33458-4811

Country

USA

Zip

33458-4811

Country

USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

2/28/2007

6. FEI Number

16-1645789

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

Gary Kabinoff

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

4600 Military Trail

Suite, Apt. #, Etc.

110

City

Jupiter

State

FL

Zip Code

33458

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Date 2/27/10

REGISTERED AGENT MUST SIGN

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
MGR	Ricardo Bedoya	4600 Military Trl #110	Jupiter, FL 33458-4811
MGR	Gary Kabinoff	4600 Military Trl #110	Jupiter, FL 33458-4811

REINSTATEMENT-08-10

100167918491
02/03/10--01036--001 **238.75

11. E-mail Address:

(To be used for future annual report notifications)

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

Date

2/27/10

Daytime Phone #

561 632 6550

Typed or printed name of signing Managing Member/Manager

C.L.