


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 06 APR 24 AM 10:21	
DOCUMENT # L 030000 12796					
1. Limited Liability Company's Name BOCA MEDICAL DEVELOPMENT Group LLC					
2. Principal Office Address 17063 DARLINGTON CT Suite, Apt. #, etc.		3. Mailing Office Address 17063 DARLINGTON CT Suite, Apt. #, etc.		4. State/Country of Formation FL PALM BEACH	
City & State BOCA RATON, FL		City & State BOCA RATON FL		5. Date Organized or Qualified To Do Business in Florida 4-8-03	
Zip 33496	Country PALM BEACH	Zip 33496	Country PALM BEACH	6. FEI Number 89-1642299	Applied For Not Applicable
				7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name ALEXANDER MILLER					
Street Address (P.O. Box Number is Not Acceptable) 17063 DARLINGTON CT					
Suite, Apt. #, Etc. 300074663833 05/16/06-01029-001 **290.00					
City BOCA RATON					
State FL					
Zip Code 33496					
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 ALEXANDER MILLER					
Date 4/20/06					
REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Titles MGR					
Name of Managing Members/Managers ALEXANDER MILLER					
Street Address of Each Managing Member/Manager 17063 DARLINGTON CT					
City / State / Zip BOCA RATON, FL 33496					
REINSTATEMENT 04-06					
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 608.405, 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 ALEXANDER MILLER					
Date 4/20/06					
Daytime Phone # 561-703-1423					
Typed or printed name of signing Managing Member/Manager ALEXANDER MILLER					