2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 01, 2008
Secretary of State

DOCUMENT# L03000030600

Entity Name: TRI-STATE HEALTH INVESTORS, LLC

Current Principal Place of Business:

1680 MICHIGAN AVE
736
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

C/O M. BERNSTEIN, ESQ.,1688 MERIDIAN AVE
418
MIAMI BEACH, FL 33139 US

Current Mailing Address:

1680 MICHIGAN AVE
736
MIAMI BEACH, FL 33139 US

New Mailing Address:

C/O
418
MIAMI BEACH, FL 33139 US

FEI Number: 20-0156907 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NATIONAL CORPORATE RESEARCH LTD., INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

MICHAEL I. BERNSTEIN, P.A.
1688 MERIDIAN AVENUE
SUITE #418
MIAMI BEACH, FL 33139 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL I. BERNSTEIN, ESQ. 12/01/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: KLEIN, AVI
Address: 1680 MICHIGAN AVENUE SUITE 736
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: KLEIN, AVI
Address: C/O M. BERNSTEIN, ESQ., 1688 MERIDIAN AVE
City-St-Zip: MIAMI BEACH, FL 33139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: AVI KLEIN MGR 12/01/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date