

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L03000036133**

1. Limited Liability Company's Name

INFOMED TECHNOLOGIES, LLC

2. Principal Office Address

2450 HOLLYWOOD BLVD.

3. Mailing Office Address

2450 HOLLYWOOD BLVD.

Suite, Apt. #, etc.

SUITE #104

Suite, Apt. #, etc.

SUITE #104

City & State

HOLLYWOOD, FL 33020

City & State

HOLLYWOOD, FL 33020

Zip

33020

Country

BROWARD

Zip

33020

Country

BROWARD

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified  
To Do Business in Florida

09/23/03

6. FEI Number

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

BRIAN D. GORDON, C.P.A., P.A.

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

12550 BISCAYNE BLVD.

Suite, Apt. #, Etc.

SUITE #500

City

NORTH MIAMI

State

FL

Zip Code

33181

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

**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
MGMR	ARTHUR J. BERES	2450 HOLLYWOOD BLVD., #104	HOLLYWOOD, FL 33020

**REINSTATEMENT**

2004-2005

BK

300058011112

07/28/05 01033 014 \*\*200.00

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

*Arthur J. Beres*

Date 07/06/05

Daytime Phone # 954-920-9291

Typed or printed name of signing Managing Member/Manager

ARTHUR J. BERES

FILED  
05 JUL 21 PM 1:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2ED41 (10/02)