2004 LIMITED LIABILITY COMPANY REINSTATEMENT

ÉIÏ ÉD DOCUMENT # L03000055029 04 NOV 16 PH 4: Ph PBIHO PROPERTIES, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business 2828 S. SEACREST BLVD. 2828 S. SEACREST BLVD. **SUITE 209** SUITE 209 BOYNTON BEACH, FL 33435 BOYNTON BEACH, FL 33435 2. Principal Place of Business 3. Mailing Address 2320 S. SEACHEST BLUD 2320 S. SEACREST BLUP Suite, Apt. #, etc. Suite, Apt. #, etc. 10112004 REIN-LLC CR2E101 (6/04) SUITE 300 SUITE 300 4. FEI Number Applied For City & State City & State BOYNTON BEACH BOYNTON BEACH, FL 20-0671165 Not Applicable Zip Country \$5.00 Additional Zip 5. Certificate of Status Desired 33435 VS 33435 -Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS, STUART R ESQ. Street Address (P.O. Box Number is Not Acceptable) 7000 WEST PALMETTO PARK ROAD **SUITE 310** BOCA RATON, FL 33433 City Zip Code 8. 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. I am familiar with, and accept 900042768219 11/16/04--01020--001 **50 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. Make check payable to In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. FILE NOW!!! 'FEE IS \$50.00 Florida Department of State After January 1, 2005, Fee will be \$100.00 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MANALING MEMBER Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME ALMANDO ALMAS, M.D. 2320 S. SEACLEST BLUD., STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP BOYNTON BEACH, FL 33435 Addition TITLE MANAGENG MEMBER Change TITLE ☐ Delete EYAL MEILI, M.D. NAME NAME 2320 S. SEACHEST BLUD, STE 300 STREET ADDRESS STREET ADDRESS 33435 CITY - ST - Z)P CITY-ST-7IP BOYNTON BEACH Change ☐ Addition ☐ Delete TITLE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS "ENESTAIENES CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: 1 JULIU M.D. SIGNATURE AND WE'DE ON PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

x 10/29/04

1 (561)7403377

Daytime Phone #