

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L04000069721

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
07 AUG 31 PM 2:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000069721

1. Limited Liability Company's Name

GRIFFIN HEALTH INSTITUTE, LLC.

BK

CR2E041 (1/07)

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

7376 NW 35 TERR

Suite, Apt. #, etc.

3. Mailing Office Address

7376 NW 35 Terraces

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami

Zip

FL

Country

33122

Zip

FL

Country

33122

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

09/23/2004

6. FEI Number

26-0812644

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

Antonio R. Pacheco

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

13876 SW 56 ST

BK

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33175

☒ 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

*[Signature]*

REGISTERED AGENT MUST SIGN

Date 08-30-07

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
MGRM	Antonio R. Pacheco	13876 SW 56 ST	Miami, FL 33175
MGRM	Ricardo A. Rodriguez	3760 KUMQUAT Ave.	Miami, FL 33133

REINSTATEMENT 2005-2007

400109208394  
09/07/07--01035--002 \*\*150.00

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

*[Signature]*

Date

08-30-07

Daytime Phone

(786) 444-7298

Typed or printed name of signing Managing Member/Manager

Antonio Pacheco