

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 MAY 14 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000077762

1. Limited Liability Company's Name

OPAL MEDICAL, LLC

300128780008
05/08/08--01008--003 **516.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 7421 N. UNIVERSITY DRIVE		3. Mailing Office Address SAME AS	
Suite, Apt. #, etc. SUITE 212		Suite, Apt. #, etc. PRINCIPAL OFFICE.	
City & State TAMARAC, FL		City & State	
Zip 33321	Country USA	Zip	Country

4. State/Country of Formation BROWARD CO, FLORIDA	
5. Date Organized or Qualified To Do Business in Florida 10/26/2004	
6. FEI Number 20-1798238	Applied For <input type="checkbox"/> 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 RAMON RAMIREZ			
Street Address (P.O. Box Number is Not Acceptable) 7421 N. UNIVERSITY DRIVE			
Suite, Apt. #, Etc. SUITE 212			
City TAMARAC	State FL	Zip Code 33321	

☐ 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 May 5, 2008

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
MGR	RAMON RAMIREZ	2001 N. OCEAN BLVD. APARTMENT 505 S	Fort Lauderdale, FL 33305

REINSTATEMENT

06-08

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 5/5/08

Daytime Phone # 954-721-5494

Typed or printed name of signing Managing Member/Manager

RAMON RAMIREZ