PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

L04000078970

FILED

2006 JUL -3 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000078970

1. Limited Liability Company's Name

MED SUPPORT OF BOCA RATON, LLC

05

2. Principal Office Address	3. Mailing Office Address
7300 N. Federal Hwy.	7300 N. Federal Hwy.
Suite, Apt. #, etc.: Suite 100	Suite, Apt. #, etc.: Suite 100
City & State: Boca Raton, Florida	City & State: Boca Raton, Florida
Zip: 33487 Country: USA	Zip: 33487 Country: USA

4. State Country of Formation: USA

5. Date Organized or Qualified To Do Business in Florida: 11/01/04

6. FEI Number: 83-0410007 ☐ 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: Alvin Haimes

Street Address (P.O. Box Number is Not Acceptable): 7300 N. Federal Hwy.

Suite, Apt. # Etc.: Suite 100

City: Boca Raton State: FL Zip Code: 33487

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: Alvin Haimes Date: 6-27-06

REGISTERED AGENT MUST SIGN

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/ Mbr	Samantha Haimes	7300 N. Federal Hwy.,#100	Boca Raton, Fl.33487
Mgr/ Mbr	Equity Trust Co. F/B/O Samantha Haimes IRA#22662	7300 N. Federal Hwy. #100	Boca Raton, Fl.33487

REINSTATEMENT 2005-2006

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: Samantha Haimes Manager Member Date: 6/27/06 Daytime Phone #: (561) 756-3110

Typed or printed name of signing Managing Member/Manager: Samantha Haimes 6/27/06 561-756-3110

CSC

CORPORATION SERVICE COMPANY

L04000078970

ACCOUNT NO. : 072100000032

REFERENCE : 221816 5840A

AUTHORIZATION :

COST LIMIT : $ ~~150~~ 200.00

ORDER DATE : July 3, 2006

ORDER TIME : 11:33 AM

ORDER NO. : 221816-005

CUSTOMER NO: 5840A

FILED
2006 JUL -3 PM 4:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
06 JUL -3 PM 12:44
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: MED SUPPORT OF BOCA RATON, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XXXX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Harry B. Davis - Ext# 2926

EXAMINER'S INITIALS _____