

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 AUG 27 PM 1:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000004597

1. Limited Liability Company's Name

Personalized Pediatrics LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box #
12621 NW 8th Court

Suite, Apt. #, etc.

City & State
Coral Springs, Florida

Zip
33071

Country
Broward

3. Mailing Office Address
1440 Coral Ridge Drive

Suite, Apt. #, etc.
#121

City & State
Coral Springs, Florida

Zip
33071

Country
Broward

4. State/Country of Formation
Florida, United States

5. Date Organized or Qualified
To Do Business in Florida January 2005

6. FEI Number
41-2168812

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
Edna L. Tello

Street Address (P.O. Box Number is Not Acceptable)
12621 NW 8th Court

Suite, Apt. #, Etc.

City
Coral Springs

State
FL

Zip Code
33071

☒ 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

Edna L. Tello

REGISTERED AGENT MUST SIGN

Date August 13th, 2009

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
preside	Edna L. Tello MD	12621 NW 8th Court	Coral Springs, FL 33071

800159704218
08/18/09--01032--008 **421.25

REINSTATEMENT -06-09

800159704218
08/28/09--01003--025 **138.75

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

Edna L. Tello

Date

8/13/09

Daytime Phone #

954.632.2791

Typed or printed name of signing Managing Member/Manager

Edna L. Tello

C.L.