## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

COMPANY REINSTATEMENT  COMPANY REINSTATEMENT  COMPANY  Secretary of State  DIVISION OF CORPORATIONS						Ē	FILED  09 FEB 17 AMII: 39  SECRETARY OF STATE FALLAHASSEE, FLORIDA			
DOCUMENT# LOSO0009973/ 1. Limited Liability Company's Name JORSE J. LEGAL, MD, LLC										
2. Principal	3. Mailing Office	Office Address			1		CR2E041 (10/08)			
	N. HABANA AYE.	2402 5.0		<u> </u>	TREET			try of Formation		
Suite, Apt. #, etc. SUITE 407			ŧ, etc.			-	FLORIPA, U.S.A.  5. Data Organized or Qualified To Do Business in Fiorida / 0 - // - 05			
City & State City & State						$\dashv$				
	IPA , FL	·	AMPA, FL			╝,	8. FEI Number Applied For 2.0 - 3600735 Not Applicable			
Zip		Zip 33629	C	Countr	ity ·S. <b>1</b> -		7. CERTIFICATE		litional Fee required ertificate of Status	
	8. Name and Address of	Current Registere	ed Agent			$\Box$				
Name プロ	RGE J. LEAL		_					reinstatement fee is impo		
_	ress (P.O. Box Number is Not Acceptable)						in circumstances which the entity did not receive the prior notices. By checking this			
Suite, Apt. #		<u> </u>				7	not re	ou are certifying the prior naceived and requesting		
City		State Zip Code FL 33629			寸	reinstatement be waived.				
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and a Signature of Registered Agent X  REGISTERED AGENT MUST SIGN							Date X 1/28/09			
10. Names	s and Street Addresses of Managing Memi	bers/Managers	***************************************	_					•	
Titles Name of Managing Members/Managers			Street Address of Each Managing Member/Manag				er City / State / Zip			
MSRM	JORGE J. LEAL	2	2402 S. DUNDE STE			STE				
							02/1 <b>2</b>		*138.75	
				_			02/03		19 *377.50	
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									JB	
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 X  Date X //28/09  Daytime Phone #X 8/3 8683 77 7										
TORKS T (CA)										
Typed or printed name of signing Managing Member/Manager										