

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 JUL -2 AM 8:47

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CR2E041 (10/08)

DOCUMENT # L05000116888

1. Limited Liability Company's Name

211 Doublebrook Drive, LLC

609-30591

2. Principal Office Address - No P.O. Box #
1150 North 35th Avenue

3. Mailing Office Address
1150 North 35th Avenue

Suite, Apt. #, etc.
Suite 590

Suite, Apt. #, etc.
Suite 590

City & State
Hollywood, Florida

City & State
Hollywood, Florida

Zip Country
33021 USA

Zip Country
33021 USA

4. State/Country of Formation
Florida, USA

5. Date Organized or Qualified
To Do Business in Florida 12/07/2005

6. FEI Number 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
Jonathan H. Green & Associates, P.A.

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

Suite, Apt. #, Etc.
Suite 700

City State Zip Code
Miami FL 33131

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 Date 06262009
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
MGRM	Stephen B. Novak, M.D.	1150 North 35th Avenue, Suite 590	Hollywood, Florida 33021
MGRM	Mary M. Novak	1150 North 35th Avenue, Suite 590	Hollywood, Florida 33021

FF \$1055.00
OP 30.00

REINSTATEMENT

06-09
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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 Date 06252009 Daytime Phone # 954-818-3527

Typed or printed name of signing Managing Member/Manager STEPHEN B. NOVAK, M.D., Managing Member