FILED
10 JAN 21 AM 10:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

700166068847
01/13/10--01036--004 **416.25
CR2E041 (11/09)

DOCUMENT # L06000037129

1. Limited Liability Company's Name
HEALTHCARE INNOVATION PARTNERS, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
401 N.W. 21st COURT	401 NW. 21st COURT
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WILTON MANORS, FL	City & State: WILTON MANORS, FL
Zip: 33311 Country: US	Zip: 33311 Country: US

4. State/Country of Formation: FLORIDA
5. Date Organized or Qualified To Do Business in Florida: 4.10.2006
6. FEI Number: 20-4678510 ☐ Applied For ☐ Not Applicable
7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent
Name: CHRISTIAN H. PARKS CPA
Street Address (P.O. Box Number is Not Acceptable): 1761 W. HILLSBORO BOULEVARD
Suite, Apt. #, Etc.: SUITE 326
City: DEERFIELD BEACH State: FL Zip Code: 33442

☒ 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] Date: 1/8/2010
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	LINUS DIEDLING	401 N.W. 21st COURT	WILTON MANORS, FL 33311
	L. SELLERS	REINSTATEMENT 08-10	
	JAN 22 2010		
	EXAMINER		

11. E-mail Address: LDIEDLING@HIPCONSULTING.NET
(To be used for future annual report notification)

12. 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 608.408, 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: 1-8-10 Daytime Phone #: 954-478-0272

Typed or printed name of signing Managing Member/Manager

(1) email: ldiedling@hipconsulting.net