

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 APR -9 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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03/29/10--01064--003 **416.25
CR2E041 (11/09)

DOCUMENT # L07000089965

1. Limited Liability Company's Name

THEODORE KATSNELSON, M.D. LLC

2. Principal Office Address - No P.O. Box #

2425 SW 27TH AVENUE

Suite, Apt. #, etc.

APT 1001

City & State

MIAMI, FLORIDA

Zip

33145

Country

US

3. Mailing Office Address

2425 SW 27TH AVENUE

Suite, Apt. #, etc.

APT 1001

City & State

MIAMI, FLORIDA

Zip

33145

Country

US

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

09/04/2007

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

JIM PUENTE, CPA

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

11120 N. KENDALL DRIVE

Suite, Apt. #, Etc.

SUITE 200

City

MIAMI

State

FL

Zip Code

33176

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

REGISTERED AGENT MUST SIGN

Date

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	THEODORE KATSNELSON	2425 SW 27TH AVE, #1001	MIAMI, FL 33145

REINSTATEMENT 08-10

04-12-10

11. E-mail Address:

(To be used for future annual report notifications)

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 608.406, 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 03/20/2010

Daytime Phone # 513 293 6061

Typed or printed name of signing Managing Member/Manager