

FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2010 MAR 16 PM 1:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000104111

1. Limited Liability Company's Name

5221 BayShore Blvd #47, L.L.C.

600172216356
03/15/10--01052--007 **516.25
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # 7805 Coral Way		3. Mailing Office Address Same	
Suite, Apt. #, etc. Suite 103		Suite, Apt. #, etc.	
City & State Miami, Florida		City & State	
Zip 33155	Country USA	Zip	Country

4. State/Country of Formation Florida/USA	
5. Date Organized or Qualified To Do Business in Florida 10/12/2007	
6. FEI Number 26-1252988	Applied For No, applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$2.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Angel D. Cordova			
Street Address (P.O. Box Number is Not Acceptable) 782 NW 42 Avenue			
Suite, Apt. #, Etc. Suite 340			
City Miami	State FL	Zip Code 33126	

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: Angel Cordova Date: 3/11/10
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
MGR	Maria C. Regalado	1712 SW 103 Place	Miami, Florida 33165
REINSTATEMENT -08-10			

11. E-mail Address: lina@caremed.net (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: Maria C. Regalado Date: 3/11/10 Daytime Phone #: 305-398-0812

Typed or printed name of signing Managing Member/Manager: Maria C. Regalado

P.P