

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 OCT 21 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000112930

1. Limited Liability Company's Name

Salud & Imagen, LLC

CR2E041 (10/08)

2. Principal Office Address - No P.O. Box # 1820 N Corp Lakes Blvd		3. Mailing Office Address 1820 N Corp Lakes Blvd	
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201	
City & State Weston, Florida		City & State Weston, Florida	
Zip 33326	Country USA	Zip 33326	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 11/07/2007	
6. FEI Number 06-1829953	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name Don Gonzalez, P.A.	
Street Address (P.O. Box Number is Not Acceptable) 1820 N Corp Lakes Blvd	
Suite, Apt. #, Etc. 201	
City Weston	State FL
Zip Code 33326	

☒ 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

Don Gonzalez

Date 10/07/2009

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	Baron, Carol	1820 N Corp Lakes Blvd, Suite 201	Weston, Florida 33326
MGRM	Tovar, Alexander	1820 N Corp Lakes Blvd, Suite 201	Weston, Florida 33326

REINSTATEMENT

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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

Alexander Tovar

Date

10/7/09

Daytime Phone #

954-598-0660

Typed or printed name of signing Managing Member/Manager

Alexander Tovar