

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L16000053294

1. Limited Liability Company's Name

NEURO INVESTMENTS, LLC

800335236998
10/01/19--01011--021 **\$16.25

10/01/19--01011--021 **\$16.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
29224 SW 142 PLACE

Suite, Apt. #, etc

City & State
HOMESTEAD, FL

Zip
33033

Country
USA

3. Mailing Office Address
29224 SW 142 PLACE

Suite, Apt. #, etc

City & State
HOMESTEAD, FL

Zip
33033

Country
USA

4. State/Country of Formation
FL, USA

5. Date Organized or Qualified
To Do Business in Florida 03/15/2016

6. FEI Number
81-3525597

☐ 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
MARIA C. PENA

Street Address (P.O. Box Number is Not Acceptable) Suite,
29224 SW 142 PLACE

Apt. #, Etc.

City
HOMESTEAD

State
FL

Zip Code
33033

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.,

Signature of
Registered Agent

Date 09/26/2019

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	MARIA C. PENA	29224 SW 142 PL	HOMESTEAD, FL 33033
AMBR	ANGEL CARRASCO, MD	29224 SW 142 PL	HOMESTEAD, FL 33033

11. E-mail Address: MARIAPENANEUROLOGY@GMAIL.COM

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Maria C. Pena

Date 09/26/2019

Daytime Phone # (305) 335-9224