

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2024 JUL 12 PM 1:50

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L21000290407

1. Limited Liability Company's Name

Fiore Healthcare Advisors LLC

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

3370 NE 190TH Street

Suite, Apt. #, etc.

Unit 2006

City & State

Aventura, Florida

Zip

33180

Country

USA

3. Mailing Office Address

60 SW 13th Street

Suite, Apt. #, etc.

Unit 4800

City & State

Miami, Florida

Zip

33130

Country

USA

8. Name and Address of Current Registered Agent

Name

CT Corporation System

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

1200 South Pine Island Road

Apt. #, Etc.

City

Plantation

State

FL

Zip Code

33324

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 6/17/2024

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
CFO	Craig Ungaro	9 Campus Dr., Suite 103	Parsippany, NJ 07054
CEO	Doug Locke	9 Campus Dr., Suite 103	Parsippany, NJ 07054

11. E-mail Address:

coleen.baubiere@ssistrategy.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

Date

6/17/24

Daytime Phone #

973-504-1150

Typed or printed name of signing authorized representative/member

Doug Locke

JUL 12 2024