

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 26 AM 9:51

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L93000000132

1. Limited Liability Company's Name

Vocor Florida Investments, LLC

2. Principal Office Address

106 Hancock Bridge

3. Mailing Office Address

650 Madison Av.

Suite, Apt. #, etc.

D15-543

Suite, Apt. #, etc.

15th Floor.

City & State

Cape Coral, FL

City & State

NY, NY

Zip

33991

Country

USA

Zip

10022

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

5/5/97

6. FEI Number

650405643

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

Paul C. Kanavos

500075892245

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

106 Hancock Bridge

06/06/06-01047-018 **250.00

Suite, Apt. #, Etc.

D15-543

City

Cape Coral

State
FL

Zip Code

33991

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
Mem	Flag Management Co	106 Hancock Bridge	D15-543. Cape Coral, FL 33991

REINSTATEMENT @ 4-06

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

Paul C. Kanavos

Date

5/11/06

Daytime Phone #

212-796-8189

Typed or printed name of signing Managing Member/Manager

Paul C. Kanavos