

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY

FLORIDA DEPARTMENT OF STATE
Tallahassee
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 AUG -3 PM 4: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

GMMG, L.C.

DOCUMENT #

L9400000222

1a. Principal Place of Business Address

~~3250 S.W. 3rd Ave.~~
~~Miami, Florida 33129~~

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business
25 S.E. 2nd Ave.

Suite, Apt. #, etc.
Suite 1105

City & State
Miami, FL

Zip
33131

Country
USA

2a. Mailing Address
25 S.E. 2nd Ave.

Suite, Apt. #, etc.
Suite 1105

City & State
Miami, FL

Zip
33131

Country
USA

3. Date Organized or Qualified

5/25/94

3a. State of Formation

Florida

4. FEI Number

65-0493837

☐ Applied For

☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired

See Additional Fee Required ☐

7. Name and Address of Current Registered Agent

Stanley H. Kuperstein, Esq.
1428 Brickell Ave.
6th floor
Miami, FL 33131

8. Name and Address of New Registered Agent

Name

M. Lewis Hall, Jr. Esq.

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

c/o Hall & Hedrick

Suite, Apt. #, etc.

25 S.E. Second Ave., Suite 1105

City

Miami Florida

Zip Code

FL 33131

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

M. Lewis Hall, Jr.

Date

7/29/98

REGISTERED AGENT MUST SIGN

10. Title

Managing Members/Managers

Business Street Address

City, State & Zip Code

Juan M. Bolet, M.D.

3661 S. Miami Ave.

Miami, FL 33133

Pete Garcia, M.D.

3661 S. Miami Ave.

Miami, FL 33133

Augusto Tirado, M.D.

9011 S.W. 10 Terrace

Miami, FL 33174

Charles Virgin, MD

2700 SW 3rd Ave.

Miami, FL 33129

Suite 1-B

100002608681--B

-08/05/98--01120--005

3703.25 *877.50

REINSTATEMENT

97-98
CR 83

FF 877.50

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

Juan M. Bolet, M.D.

Date

7/30/98

Daytime Phone # 305-856-4153

Typed or printed name of signing Managing Member/Manager