

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 OCT 27 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L96000001055

Name and Mailing Address

0004041 01 AT 0.292 \*\*AUTO T8 0 0615 32901-597029



ANTI-AGING MEDICINE INSTITUTE, L.C.  
20 EAST MELBOURNE AVENUE  
#104  
MELBOURNE FL 32901-5970



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/09/1996	
Principal Place of Business 20 EAST MELBOURNE AVENUE #104 MELBOURNE FL 32901	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3420433	Applied For Not Applicable
8. Name and Address of Current Registered Agent  CHANDRA, RAJIV MD 20 EAST MELBOURNE AVE MELBOURNE FL 32901		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <b>SIGNATURE REQUIRED</b> Date REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CHANDRA, RAJIV MD	20 EAST MELBOURNE AVE	MELBOURNE FL 32901
MGRM	PATEL, BACHU MD	469 N HARBOR CITY BLVD.	MELBOURNE FL 32935
600024171986 10/27/03--01095--020 **150.00			
REINSTATEMENT 03 dec			

12. 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

**SIGNATURE REQUIRED**

Date 10/22/03

Daytime Phone # 321-768-6499

Typed or printed name of signing Managing Member/Manager

Rajiv Chandra

CR2E034 (7/03)