

L96000001296

APR 27 2004
FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

04 MAY 28 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L96000001296

1. Limited Liability Company's Name

Healthtrust America, L.L.C.

REINSTATEMENT

2003-2004

000035442690
05/05/04--01016--013 **55.00

2. Principal Office Address

4101 Ravenswood Rd

Suite, Apt. #, etc.

Suite 130

City & State

Dania, Florida

Zip

33312

Country

USA

3. Mailing Office Address

4101 Ravenswood Rd

Suite, Apt. #, etc.

Suite 130

City & State

Dania, Florida

Zip

33312

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

65-0712582

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

Rafofsky, Harvey

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

4101 Ravenswood Road

Suite, Apt. #, Etc.

Suite 130

City

Dania

000035442690

05/28/04--01027--001 **50.00

State
FL

Zip Code

33312

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

Harvey Rafofsky

REGISTERED AGENT MUST SIGN

Date

Apr 30, 2004

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
MGRM	Rafofsky, Harvey	4101 Ravenswood Rd Suite 130	Dania, FL 33312
MGRM	Marcus, Stewart	3225 Aviation Ave Suite 700	Coconut Grove, FL 33133
MEM	Marcus, Jane	3225 Aviation Ave Suite 700	Coconut Grove, FL 33133

REINSTATEMENT

2003-04

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 filling 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

Harvey Rafofsky

Date

4/30/04

Daytime Phone #

954 791 1101

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)



4101 Ravenswood Road ■ Suite 130 ■ Dania, FL 33312 ■ Tel: 954.791.1101 ■ Fax: 954.791.0112 ■ www.HousingTrustGroup.com

April 30, 2004

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Reference: #L96000001296

Dear Sir or Madam:

Please be advised that our office never received the previous mailing of the UBR form.
Enclosed please find the completed UBR for 2004 along with our check in the amount of
\$55.00

If you should require any further information, please contact me at (954) 791-1101.

Yours truly,



Harvey P. Rafofsky
Managing Member