PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
01 DEC 28 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000932

1. Limited Liability Company's Name

ACCESS HEALTHMAX LLC, II

2. Principal Office Address	3. Mailing Office Address
4619 Parkbreeze Ct.	4619 Parkbreeze Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32808 Country: USA	Zip: 32808 Country: USA

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 08/22/1997

6. FEI Number: 59-3471179 ☐ 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: Daniel J. Pavlik

Street Address (P.O. Box Number is Not Acceptable): 4619 Parkbreeze Court

Suite, Apt. #, Etc.:

City: Orlando State: FL Zip Code: 32808

500004762325--6
01/09/02--01034--024
****150.00 ****150.00

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: _____ Date: 12-18-01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
MGR/M	Access Healthmax, Inc.	4619 Parkbreeze Ct.	Orlando, FL 32808

REINSTATEMENT

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 608.408, 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: Access Healthmax, Inc. By: _____ Date: 12-18-01 Daytime Phone #: 407-423-4799

Daniel J. Pavlik, President

Typed or printed name of signing Managing Member/Manager: _____