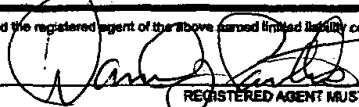
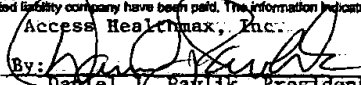


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

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

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L97000000932			
1. Limited Liability Company's Name ACCESS HEALTHMAX LLC, II			
2. Principal Office Address 4619 Parkbreeze Ct.		3. Mailing Office Address 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 ☒ \$3.00 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
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			
10. Names and Street Addresses of Managing Member/Managers			
Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR/ M	Access Healthmax, Inc.	4619 Parkbreeze Ct.	Orlando, FL 32808
11. I certify that I am managing member/manager of 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.			
Access Healthmax, Inc.			
Signature of Managing Member/Manager By: 		Date 12-18-01 Daytime Phone # 407-423-4799	
Daniel J. Pavlik, President			
Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT