

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

00 AUG 21 PM 2:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # L98000001893

1. Limited Liability Company's Name

X-RAY VISION, LLC

2. Principal Office Address

7500 N.W. 25th STREET

Suite, Apt. #, etc.

SUITE 240

City & State

MIAMI, FLORIDA

Zip

33122-1712

Country

MIAMI DADE

3. Mailing Office Address

7500 N.W. 25th STREET

Suite, Apt. #, etc.

SUITE 240

City & State

MIAMI, FLORIDA

Zip

33122-1712

Country

MIAMI DADE

4. State/Country of Formation

FLORIDA MIAMI/DADE

5. Date Organized or Qualified

To Do Business in Florida **SET 17, 1998**

6. FEI Number

65-0872143

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

GABRIEL PRATS

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

2121 PONCE DE LEON BLVD.

Suite, Apt. #, Etc.

SUITE 240

City

MIAMI

State

FL

Zip Code

33134

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******205.00 ****205.00**

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

REGISTERED AGENT MUST SIGN

Date

8-17-00

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	JORGE CASTRO	7800 N.W. 29th STREET	MIAMI, FLORIDA 33122

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

Date

08-03-00

Daytime Phone #

305-599-1660

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/99)