

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

02 FEB -4 PM 4:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L99000002012**

1. Limited Liability Company's Name

VALPLA, L.L.C.

2. Principal Office Address

10710 S.W. 34th

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

Country

33165 USA

3. Mailing Office Address

10710 S.W. 34th

Suite, Apt. #, etc.

City & State

MIAMI FL.

Zip

Country

33165

USA

4. State/Country of Formation

FL, / USA

5. Date Organized or Qualified
To Do Business in Florida

APRIL 9, 1999

6. FEI Number

65-0914462

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

JUAN A. VALLADARES, M.D.

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

10710 S.W. 34th

Suite, Apt. #, Etc.

City

MIAMI

State

FL

Zip Code

33165

300004912443-8

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******200.00 ****200.00**

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 **1-31-02**

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
	HERN WISTCHETEN (PHYSICIAN)	8741 CORAL WAY	MIAMI, FL 33165
	HERN JUAN A. VALLADARES, M.D., P.A.	3400 S.W. 107th Ave	MIAMI, FL 33165

REINSTATEMENT

OK
OKS

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

1/31/02

Daytime Phone #

305-559-7330

Typed or printed name of signing Managing Member/Manager

JUAN A. VALLADARES