

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 OCT -4 PM 2:47

DOCUMENT # 199-3083

1. Limited Liability Company's Name

INSURANCE MEDICAL EXPERTS, LLC

9/29/00

2. Principal Office Address 2061

N.W. BOCA RATON BLVD

Suite, Apt. #, etc.

SUITE 207

City & State

BOCA RATON FL

Zip

Country

33431

USA

3. Mailing Office Address 2061

N.W. BOCA RATON BLVD

Suite, Apt. #, etc.

SUITE 207

City & State

BOCA RATON FL

Zip

Country

33431

USA

4. State/Country of Formation

FL / BROWARD

5. Date Organized or Qualified  
To Do Business in Florida

5/28/99

6. FEI Number

65-0931995

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

STEVEN LEVINE

800004637228 --2

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

2061 N.W. BOCA RATON BLVD

-10/15/01--01079-029

Suite, Apt. #, Etc.

SUITE 207

\*\*\*\*205.00 \*\*\*\*05.00

City

BOCA RATON

State

FL

Zip Code

33431

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

*Steven Levine*

Date 10/1/01

REGISTERED AGENT MUST SIGN

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	STEVEN LEVINE	2061 N.W. BOCA RATON BLVD	BOCA RATON FL 33431
MGRM	BARBARA LEVINE	2061 N.W. BOCA RATON BLVD	BOCA RATON FL 33431
MGRM	RICHARD STOEY	2061 N.W. BOCA RATON BLVD	BOCA RATON FL 33431
MGRM	ANN OLBERT	2061 N.W. BOCA RATON BLVD	BOCA RATON FL 33431

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

Date 10/2/01

Daytime Phone # 561 2890268

Typed or printed name of signing Managing Member/Manager

ANN OLBERT

CR2E041 (9/00)