PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
2005 FEB -7 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000007829

1. Limited Liability Company's Name
EVEREST MEDICAL L.C.

2. Principal Office Address	3. Mailing Office Address
2585 N.W. 74TH AVE.	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: MIAMI	City & State: FLORIDA
Zip: 33122 Country: USA	Zip: Country: USA

4. State/Country of Formation: USA

5. Date Organized or Qualified To Do Business In Florida: 11/15/1999

6. FEI Number: 650971403 ☐ 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: LAURA DEL Rio PEREZ
200046291662
02/10/05--01009--009 **150.00

Street Address (P.O. Box Number is Not Acceptable): 2585 N.W. 74TH AVENUE
200046291662
02/10/05--01009--009 **50.00

Suite, Apt. #, Etc:
200046291662
02/10/05--01009--010 **8.75

City: MIAMI State: FL Zip Code: 33122

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: [signature] REGISTERED AGENT MUST SIGN Date: 1/28/05

CR2E041 (10/02)

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
Mgr.	MANUEL PEREZ	2585 N.W. 74TH AVE.	FLORIDA 33122
Mgr.	LAURA DEL Rio PEREZ	2585 N.W. 74TH AVE	FLORIDA 33122
Mgr.	ALBERTO OTERO	2585 N.W. 74TH AVE	FLORIDA 33122

2004-2005 2/n Mgr

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: [signature] Date: 12/26/04 Daytime Phone #: 305-594-3333

Typed or printed name of signing Managing Member/Manager: LAURA DEL Rio PEREZ