L99000008051

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
04 OCT 20 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008051

1. Limited Liability Company's Name
FLR Premier OP LLC

03 BK

2. Principal Office Address		3. Mailing Office Address	
7491 West Oakland Park Blvd		7491 West Oakland Park Blvd.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
100		100	
City & State		City & State	
Lauderhill, Fl		Lauderhill, Fl	
Zip	Country	Zip	Country
33319	USA	33319	USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida
1/22/1999

6. FEI Number 650964206 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☑ $30.00 (additional copies are $5.00 each)

8. Name and Address of Current Registered Agent

Name
UCC Filing & Search Services

Street Address (P.O. Box Number is Not Acceptable)
526 East Park Avenue

Suite, Apt. #, Etc.

City
Tallahassee

State
FL

Zip Code
32301

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 Alison Hand, Asst Sec Date 10/20/04
REGISTERED AGENT MUST SIGN

CR2E041 (8/02)

10. Names and Street Addresses of Managing Members/Managers

Title	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	Universal Health Management LLC	7491 West Oakland Park Blvd	Lauderhill, FL 33319

REINSTATEMENT 2003-2004

100004213858
10/26/04--01082--002 **205.00

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 10/20/04 Daytime Phone# 954-578-1946

Typed or printed name of signing Managing Member/Manager Universal Health Management LLC, Manager

AT6113