

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

04 AUG 24 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M00000001549

1. Limited Liability Company's Name

Aberdeen Healthcare, LLC

2. Principal Office Address

399 Park Avenue

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10022

Country

US

3. Mailing Office Address

399 Park Avenue

Suite, Apt. #, etc.

City & State

New York, New York

Zip

10022

Country

US

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

08/04/2000

6. FEI Number

13-4129044

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

NRAI Services, Inc.

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

526 E. 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

Ed Hand, Asst Sec

Date

8/24/04

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
MGR	Raymond Mikulich	399 Park Avenue	New York, New York 10022
MGR	Rodolpho Amboss	399 Park Avenue	New York, New York 10022
MGR	Fred Steinberg	399 Park Avenue	New York, New York 10022
MGR	Kevin Dinnie	399 Park Avenue	New York, New York 10022

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08/24/04-01023-024 **1000.00

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 *Fred Steinberg*

Date 8-23-04

Daytime Phone # 212-526-0372

Typed or printed name of signing Managing Member/Manager

Kevin Dinnie

Fred Steinberg

CR25041 (10/02)