

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 AUG 24 AM 11:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # M00000001551**

**1. Limited Liability Company's Name**

**BONITA SPRINGS 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**

**13-4129098**

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* *Arvi Dec*

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

200040456372

08/24/04 01028 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*

CR2ED041 (10/02)