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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 OCT 28 PM 5:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # M02000000600

Name and Mailing Address

0013036 01 AT 0.292 **AUTO T7 0 0615 33487-251199
INNOVATIVE HEALTHCARE SOLUTIONS, LLC
3210 SOUTH OCEAN BLVD., STE. 104
HIGHLAND BEACH FL 33487-2511



10/28 2003

2. New Mailing Address <u>10759 VERSAILLES BLVD.</u>		4. State/Country of Formation DE	
City, State, Zip <u>WILMINGTON, FL 33467</u>		5. Date Organized or Qualified To Do Business in Florida 03/06/2002	
Principal Place of Business 3210 SOUTH OCEAN BLVD., STE. 104 HIGHLAND BEACH FL 33487		6. FEI Number <u>75-3015650</u> APPLIED FOR	
3. New Principal Place of Business Address 104 <u>2208 SHOMA DRIVE</u> City, State, Zip <u>ROYAL PALM BEACH, FL 33414</u>		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent GRASSANO, RICHARD 900 N FEDERAL HIGHWAY, 1ST FLOOR BOCA RATON FL 33431		9. Name and Address of New Registered Agent Name <u>RICHARD GRANT</u> Street Address (P.O. Box Number is not Acceptable) <u>10759 VERSAILLES BLVD.</u> City, State, Zip <u>WILMINGTON FL 33467</u>	
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10. 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 *Richard Grant* **REQUIRED** Date 10-22-2003
REGISTERED AGENT MUST SIGN

11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Member	DR. ROBERT SANTS	224 MIDLAND AVE SADDLE BROOK, NJ. 07663	
Member	DR. ROBERT PETER FORCAREO	224 MIDLAND AVE SADDLE BROOK, NJ. 07663	
Member	MARGARET LORRING C/O LONNY BLUM	585 STUART AVE GARDEN CITY, NY 11530	
Member	RICHARD GRANT	10759 VERSAILLES BLVD WILMINGTON, FL 33467	
			100024185971 10/28/03--01008--022 **155.00

12. 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 *Richard Grant* **SIGNATURE REQUIRED** Date 10-22-2003 Daytime Phone # 561-756-4587

Typed or printed name of signing Managing Member/Manager _____

CR2E084 (7/03)

REINSTATEMENT 2003