

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 OCT 27 PM 11:02

DOCUMENT # M99000001107

1. Limited Liability Company's Name

Clinical Research Center of Florida L.C.

2. Principal Office Address

5802 Lake Underhill Road

Suite, Apt. #, etc.

City & State

Orlando FL

Zip
32807

Country
USA

3. Mailing Office Address

147 S. Liberty St

Suite, Apt. #, etc.

City & State

New Orleans LA

Zip
70112

Country
USA

4. State/Country of Formation

USA

**5. Date Organized or Qualified
To Do Business in Florida**

6/1/99

6. FEI Number

721447470

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

Dr. Din On Sun

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

5806 Lake Underhill Road

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code
32807

000003459310--3

-11/09/00-01096-008

****150.00 ****150.00

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

REGISTERED AGENT MUST SIGN

Date

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

Dale Kaliszeski

147 S. Liberty St.

New Orleans, LA 70112

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

Date

10/23/01

Daytime Phone #

504-544-5445

Typed or printed name of signing Managing Member/Manager

Dale Kaliszeski