LIMITED LIABILITY COMPANY REINSTATEMENT	FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State DIVISION OF CORPORATIONS

FILED

01 OCT 17 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

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City & State

ORLANDO FL

Zip 32807

Country USA

3. Mailing Office Address

1911 PALMYRA

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 72 1447470

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 DINON SUN

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

5806 LAKE UNDERHILL ROAD

Suite, Apt. #, Etc.

City

ORLANDO

State FL

Zip Code 32807

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*****50.00 *****50.00

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 _____

CR2E041 (9/01)

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	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 10/15/01 Daytime Phone # 504-544-5445

Typed or printed name of signing Managing Member/Manager _____