

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUL 10 AM 9:53

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L00000000121

1. Limited Liability Company's Name

CONWAY PROFESSIONAL ARTS, L.C.

2. Principal Office Address
3221 S. CONWAY ROAD

Suite, Apt. #, etc.

SUITE B

City & State

Orlando, FL

Zip
32812

Country
USA

3. Mailing Office Address
Same

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (8/05)

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida

01/03/2000

6. EIN Number

593616683

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
ARENZ, BRAD W D.M.D

Street Address (P.O. Box Number is Not Acceptable)
3221 S. CONWAY ROAD

Suite, Apt. #, Etc.
Suite B

City
Orlando

2000077727242
07/19/08-01045-013 ***200.00

State
FL
Zip Code
32812

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

Date
6-29-08

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
<i>Norm</i>	ARENZ, BRAD W D.M.D.	3221 S. CONWAY ROAD, SUITE B	Orlando, FL 32812
<i>Norm</i>	PIRINO, RAYMOND D.M.D.	3221 S. CONWAY ROAD, SUITE A	Orlando, FL 32812
<i>Norm</i>	HICKS, ROBERT G D.M.D	3221 S. CONWAY ROAD, SUITE D	Orlando, FL 32812
<i>Norm</i>	OVERMEYER, THOMAS G D.M.D	3221 S. CONWAY ROAD, SUITE C	Orlando, FL 32812
		<i>BRAD W. ARENZ</i>	<i>03-06</i>

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
6-5-08
Daytime Phone #
907-273-1469

Typed or printed name of signing Managing Member/Manager
BRAD W. ARENZ