

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 JUL 10 AM 9:53

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. FEL 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

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

REGISTERED AGENT MUST SIGN

Date **6-29-06**

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

REINSTATEMENT

**03-06**

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 **6-5-06**

Daytime Phone #

**407-273-1469**

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