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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT
 STATE OF FLORIDA  
 DEPARTMENT OF STATE  
 Jim Smith  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L00000000121

Name and Mailing Address

0000880 01 FP 0.352 \*\*PRSRT T3 0 0615 32812-735474

 CONWAY PROFESSIONAL ARTS, L.C.  
 C/O BRAD W. ARENZ  
 3221 S. CONWAY RD., STE. B  
 ORLANDO FL 32812-7354

03 JAN - 8 AM 8:48

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MJH

800009104818  
11/20/02--01040--003 \*\*150.00

11/8/2002

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

Principal Place of Business

3221 S. CONWAY ROAD, SUITE B  
ORLANDO FL 32812

3. New Principal Place of Business Address

City, State, Zip

5. Date Organized or Qualified  
To Do Business in Florida

01/03/2000

6. FEI Number

59-3616683  
APPLIED FOR

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

ARENZ, BRAD W D.M.D.  
3221 S. CONWAY ROAD, SUITE B  
ORLANDO FL 32812

9. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Date 11-1-02

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
MGRM	ARENZ, BRAD W D.M.D.	3221 S. CONWAY ROAD, SUITE B	ORLANDO FL 32812
MGRM	PIRINO, RAYMOND D.M.D.	3221 S. CONWAY ROAD, SUITE A	ORLANDO FL 32812
MGRM	HICKS, ROBERT G D.M.D	3221 S. CONWAY ROAD, SUITE D	ORLANDO FL 32812
MGRM	OVERMEYER, THOMAS G D.M.D	3221 S. CONWAY ROAD, SUITE C	ORLANDO FL 32812

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

Date 11-1-02

Daytime Phone #

407-273-1469

Brad W. ARENZ, D.M.D.

CR2E084 (8/02)