

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



Florida Department of State
John Smith
Secretary of State
DIVISION OF CORPORATIONS

03 JAN -8 AM 8:48

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM

1. DOCUMENT # L00000000121

Name and Mailing Address

0000880 01 FP 0.352 **PRSR 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

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



1-8 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		5. Date Organized or Qualified To Do Business in Florida 01/03/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 59-3616683 APPLIED FOR	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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: [Signature] REGISTERED AGENT MUST SIGN Date: 11-1-02			
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

CR2E084 (8/02)

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: [Signature]
Date: 11-1-02 Daytime Phone #: 407-273-1469

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