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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

L00000000122

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JAN -8 AM 8:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L00000000122

Name and Mailing Address

0000878 01 FP 0.352 **PRSRT T3 0 0615 32812-735474

HEART O'CONWAY, L.C.
C/O BRAD W. ARENZ, D.M.D.
3221 S. CONWAY RD., STE. B
ORLANDO FL 32812-7354

300009104863
11/20/02--01040--004 **150.00

1/8-2002

CR2E084 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 01/03/2000

Principal Place of Business
3221 S. CONWAY ROAD, SUITE B
ORLANDO FL 32812

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number 59-3622460 ~~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 1-1-1-02

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, TOBERT 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

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