

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 JAN -3 PM 2:10

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L00000002192

1. Limited Liability Company's Name

PSL PROFESSIONAL CENTER, L.L.C.

2. Principal Office Address

c/o Stephen Navaretta, Esq.

3. Mailing Office Address

(SAME)

Suite, Apt. #, etc.

1100 S.W. St. Lucie West Blvd.
Suite 203

Suite, Apt. #, etc.

City & State

Port St. Lucie, Florida

City & State

Zip

34986

Country

USA

Zip

34986

Country

4. State/Country of Formation

FLORIDA - USA

5. Date Organized or Qualified
To Do Business in Florida

02/25/2000

6. FEI Number

65-1018426

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

600009817166

City

Tallahassee

State

FL

Zip Code

32301

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

Jeanine Reynolds
as its agent

Date

1-3-03

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
	Leonard Snyder	c/o Stephen Navaretta, Esq. 1100 S.W. St. Lucie West Blvd. Suite 203	Port St. Lucie, FL 34986
	Ward I. Snyder	(same as above)	
	Jay Keller	(same as above)	

REINSTATEMENT

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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

Ward I. Snyder, Manager

Date 01/02/03

Daytime Phone# (772) 340-4096

Typed or printed name of signing Managing Member/Manager



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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 879197 . 81823A

AUTHORIZATION : *Patricia Pignato*

COST LIMIT : \$ 200.00

ORDER DATE : January 3, 2003

ORDER TIME : 11:36 AM

ORDER NO. : 879197-015

CUSTOMER NO: 81823A

CUSTOMER: Christine D. Jeffreys
Navaretta & Navaretta
Suite 203
1100 Sw St. Lucie West Blvd
Port St. Lucie, FL 34986

DOMESTIC FILINGS

NAME: PSL PROFESSIONAL CENTER,
L.L.C.

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull

EXAMINER'S INITIALS _____