

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY -5 PM 3:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800035530808

05/05/04--01037--016 **200.00

DOCUMENT # L00000003332

1. Limited Liability Company's Name

JOHN L. SNOOK, JR., PA-C, P.A., PLC

2. Principal Office Address

5141 SE 36TH AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34480

Country

US

3. Mailing Office Address

5141 SE 36TH AVE

Suite, Apt. #, etc.

City & State

OCALA, FL

Zip

34480

Country

US

4. State/Country of Formation

FLORIDA

**5. Date Organized or Qualified
To Do Business in Florida**

03/23/00-

6. FEI Number

59-3634574

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

JOHN L. SNOOK, JR.

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

5141 SE 36TH AVE

Suite, Apt. #, Etc.

City

OCALA

State
FL

Zip Code
34480

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 4.27.04

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
MGRM	JOHN LAMAR SNOOK, JR.	5141 SE 36TH AVE	OCALA, FL 34480

REINSTATEMENT

2003-2004

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

4.27.04

Daytime Phone #

352 625 0252

Typed or printed name of signing Managing Member/Manager JOHN L. SNOOK, JR.