

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 SEP 26 PM 3:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700109770007
09/21/07--01054--003 **200.00

CR2E041 (1/07)

DOCUMENT # L000000006195

1. Limited Liability Company's Name

Scott C. Brady M.D. PLC

2. Principal Office Address - No P.O. Box #

6048 Greatwater Drive

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

3. Mailing Office Address

6048 Greatwater Drive

Suite, Apt. #, etc.

City & State

Windermere, FL

Zip

34786

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

5/10/2000

6. FEI Number

593

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 (New)

Name

Scott Brady

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

6048 Greatwater Dr.

Suite, Apt. #, Etc.

City

Windermere, FL

State

FL

Zip Code

34786

34786

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Scott Brady

REGISTERED AGENT MUST SIGN

Date 9/20/07

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
	<u>Mgr: Scott Brady</u>	<u>6048 Greatwater Drive</u>	<u>Windermere, FL 34786</u>

REINSTATEMENT 06, 07

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

Scott Brady

Date 9/15/07

Daytime Phone # 907-340-4246

Typed or printed name of signing Managing Member/Manager

Scott C. Brady M.D.