

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 MAY 31 AM 9:56

DOCUMENT # L00000013969

1. Limited Liability Company's Name

Florida Spine Research Consultants, LLC

000103907710
06/05/07--01033--002 **400.00

CR2E041 (1/07)

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

2250 Drew Street

Suite, Apt. #, etc.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Clearwater FL

City & State

Zip

Country

33765

USA

Zip

Country

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified
To Do Business in Florida

11/14/2000

6. FEI Number

59-3680723

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

Mary Riley

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

2250 Drew Street

Suite, Apt. #, Etc.

City

Clearwater

State

FL

Zip Code

33765

☐ 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

[Signature]

Date 3-15-2007

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
<u>MGRM</u>	<u>Scott A. Webb</u>	<u>2250 Drew Street</u>	<u>Clearwater FL 33765</u>

REINSTATEMENT Ref 5-31-07

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

[Signature]

Date

3/15/07

Daytime Phone # 727-724-5600

Typed or printed name of signing Managing Member/Manager

Scott A. Webb