


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

<b>LIMITED LIABILITY COMPANY REINSTATEMENT</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	<b>FILED</b> <b>01 DEC 31 AM 10:31</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>
<b>DOCUMENT # L00000015304</b>			
<b>1. Limited Liability Company's Name</b> Accurate Legal Nurse Consultants, LLC 2017 Sheffield Court Oldsmar, FL 34677			
<b>2. Principal Office Address</b> 2017 Sheffield Court Suite, Apt. #, etc. City & State Oldsmar, FL 34677 Zip 34677 Country USA		<b>3. Mailing Office Address</b> 2017 Sheffield Court Suite, Apt. #, etc. City & State Oldsmar, FL 34677 Zip 34677 Country USA	
<b>4. State/Country of Formation</b> FLORIDA		<b>5. Date Organized or Qualified To Do Business in Florida</b> 9/28/2000	
<b>6. FEI Number</b> 593-685704		<b>Applied For</b> Not Applicable	
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/>		<b>\$3.00 Additional Fee required for a Certificate of Status</b>	
<b>8. Name and Address of Current Registered Agent</b>			
Name B. Everett Schnell, J. D. Street Address (P.O. Box Number is Not Acceptable) 2017 Sheffield Court Suite, Apt. #, Etc. City Oldsmar, FL State FL Zip Code 34677			
<b>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.</b>			
Signature of Registered Agent B. Everett Schnell Date 12/24/01 REGISTERED AGENT MUST SIGN			
<b>10. Names and Street Addresses of Managing Members/Managers</b>			
Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
Manager	Julie Schnell	2017 Sheffield Court	Oldsmar, FL 34677
Manager			
<b>REINSTATEMENT</b>			
<b>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.</b>			
Signature of Managing Member/Manager Julie Schnell Date 12/24/01 Daytime Phone # 813-855-4707			
Typed or printed name of signing Managing Member/Manager Julie A. Schnell, R.N.			

CR2E041 (9/01)