

# L01000001809

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L01000001809

1. Limited Liability Company's Name

DasSee Community Health Systems, L.L.C.

FILED

2003 JAN -7 PM 2:56

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

600009998826

01/09/03--01067--003 \*\*115.00

2. Principal Office Address

23186 Blue Star Hwy

3. Mailing Office Address

23186 Blue Star Hwy

Suite, Apt. #, etc.

P.O. Box 1979

Suite, Apt. #, etc.

P.O. Box 1979

City & State

Quincy, Florida

City & State

Quincy, Florida

Zip

32353-1979

Country

USA

Zip

32353-1979

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 02/02/2001

6. FEI Number

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

David A. Barrett, Esq.

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

c/o Barrett & Associates, Lawyers, 111 So. Monroe Street

Suite, Apt. #, Etc.

Suite 3000

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

*David A. Barrett*

Date 1/6/03

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
MGRM	Michael Lake	23816 Blue Star Hwy, P.O. Box 1979	Quincy, FL 32353-1979

*RAChg filed 11/5/02 - error*  
*\$35 paid*  
*10/17/02 for RAChg*  
*applied to reinst.*  
*filed*

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

*Michael Lake*

Date 1/6/03

Daytime Phone # (850) 875-5701

Typed or printed name of signing Managing Member/Manager Michael Lake