

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
J. Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 FEB 18 PM 11:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000006880

Name and Mailing Address

0006588 01 FP 0.352 **PRSR TO O 0615 33786-330818



FIRST LINK MEDICAL, LLC
118 - 15TH STREET
BELLEAIR BEACH FL 33786-3308

000012592410
02/17/03--01043--005 **100.00



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 118 - 15TH STREET BELLEAIR BEACH FL 33786		5. Date Organized or Qualified To Do Business in Florida 04/27/2001	
3. New Principal Place of Business Address 12551 Indian Rocks Rd #1 City, State, Zip Largo FL 33774		6. FEI Number 59-3718700 Applied For Not Applicable	
8. Name and Address of Current Registered Agent CORREA, J. GERARD 275 - 96TH AVENUE NORTH, SUITE 6 ST. PETERSBURG FL 33702		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Mary Jo Henderson Street Address (P.O. Box Number is Not Acceptable): 12551 Indian Rocks Rd, #1 City: Largo, FL 33774 City: FL Zip Code			
10. 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: <i>Mary Jo Henderson</i> Date: 12/31/02 REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HENDERSON, MARY J	118 - 15TH STREET	BELLEAIR BEACH FL 33786
REINSTATEMENT 02-03			
000012592410 02/17/03--01043--006 **100.00			
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12. 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: *Mary Jo Henderson* Date: 12/31/02 Daytime Phone #: (727) 596-5097

Typed or printed name of signing Managing Member/Manager

CR2E084 (8/02)