

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

2003 NOV 20 AM 10:27

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000010130

Name and Mailing Address

0013332 01 AT 0.292 **AUTO TB 3 0615 34994-303268
DOCTOR'S DESKTOP L.L.C.
851 JOHNSON AVENUE, SUITE 218
STUART FL 34994-3032



2. New Mailing Address 1032 SW Poplar Ct Palm City, FL 34990		4. State/Country of Formation FL	
Principal Place of Business 851 JOHNSON AVENUE, SUITE 218 STUART FL 34994		5. Date Organized or Qualified To Do Business in Florida 06/21/2001	
3. New Principal Place of Business Address 1032 SW Poplar Ct Palm City, FL 34990		6. FEI Number 65-1121233	
		Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent PHIPPS, BILL 1032 SW POPLAR CT. PALM CITY FL 34990		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300024893689 11/20/03--01076--009 **150.00 City FL Zip Code	
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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 Bill Phipps **SIGNATURE REQUIRED** Date 11/18/03
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
MGRM	BRIGHT, DAVID E	818 E. OCEAN BLVD	STUART FL 34994
MGRM	PHIPPS, BILL	1032 SW POPLAR COURT	PALM CITY FL 34990

REINSTATEMENT 2003

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 Bill Phipps **SIGNATURE REQUIRED** Date 11/18/03 Daytime Phone # 772-286-4432
Typed or printed name of signing Managing Member/Manager Bill Phipps

CR2E084 (7/03)