

L01000012352

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

04 MAR 12 PM 2:20

HL 03/24/04

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02/19/04--01015--001 \*\*250.00

DOCUMENT # L01000012352

1. Limited Liability Company's Name

KENNETH A. NEIFELD, M.D., P.L.

2. Principal Office Address

1099 5<sup>TH</sup> AVE NORTH

Suite, Apt. #, etc.

SUITE 220

City & State

ST. PETERSBURG, FL

Zip

33705

Country

USA

3. Mailing Office Address

1099 5<sup>TH</sup> AVE NORTH

Suite, Apt. #, etc.

SUITE 220

City & State

ST. PETERSBURG, FL

Zip

33705

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

7/26/2001

6. FEI Number

59-3733396

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

JAMES R. KENNEDY, JR., ESQUIRE

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

856 2<sup>ND</sup> AVE. NORTH

Suite, Apt. #, Etc.

City

ST. PETERSBURG

State

FL

Zip Code

33701

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]*

REGISTERED AGENT MUST SIGN

Date

2/11/04

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	KENNETH A. NEIFELD, M.D.	1099 5 <sup>TH</sup> AVE. NORTH	ST. PETERSBURG, FL 33705

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

2/11/04

Daytime Phone #

727-820-7778

Typed or printed name of signing Managing Member/Manager

KENNETH A. NEIFELD, M.D.

CR2E041 (10/02)