

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC -8 AM 11:41

1. DOCUMENT # L01000012683

Name and Mailing Address

0017255 01 FP 0.352 **PRST T3 0 0615 32750

CENTRAL FLORIDA PLASTIC SURGERY EMERGENCY TRAUMA
ORGANIZATION, L.L.C.
521 W.S.R. 434
SUITE 106
LONGWOOD FL 32750

100025263731
12/08/03--01001--014 **150.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 07/25/2001	
Principal Place of Business 521 W. S. R. 434 SUITE 106 LONGWOOD FL 32750	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3738466	Applied For Not Applicable
8. Name and Address of Current Registered Agent JANKAUSKAS, SAULIUS J 521 W.S.R. 434 SUITE 106 LONGWOOD FL 32750		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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>Saulius Jankauskas</i> SIGNATURE REQUIRED Date <i>11/28/03</i> 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	GUPTA, R B	3300 W. LAKE MARY BLVD SUITE 220	LAKE MARY FL 32746
MGRM	DEBAISE, ARTHUR	242 LOCH LOMOND DRIVE	WINTER PARK FL 32782
MGRM	JOHNSTON, DEAN L	4106 LAKE MARY BLVD SUITE 212	LAKE MARY FL 32746
MGRM	SIEMIAN, WALTER	10000 W. COLONIAL DRIVE SUITE 384	OCFEE FL 34781
MGRM	JANKAUSKAS, SAULIUS J	521 W.S.R. 434 SUITE 106	LONGWOOD FL 32750
		REINSTATEMENT <i>03</i> <i>dec</i>	

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

Saulius Jankauskas **SIGNATURE REQUIRED**

Date

11/28/03

Daytime Phone #

407-834-5255

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)