

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



FILED

02 NOV 22 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000015540

Name and Mailing Address

0005817 01 FP 0.352 **PRSRT TB 0 0615 34228-873030
 HIPPOCRATIC POLLING, LLC
 P.O. BOX 8730
 LONGBOAT KEY FL 34228-8730



CR2E084 (8/02)

2. New Mailing Address PO Box 3319		4. State/Country of Formation FL	
City, State, Zip Sarasota FL 34230		5. Date Organized or Qualified To Do Business in Florida 09/07/2001	
Principal Place of Business P.O. BOX 8730 LONGBOAT KEY FL 34228	3. New Principal Place of Business Address 580 Denarvaez Dr.	6. FEI Number 59-3743669	Applied For Not Applicable
City, State, Zip Longboat Key, FL 34228		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 CARSON, JOHN 580 DENARVAEZ DRIVE LONGBOAT KEY FL 34228		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: [Signature] Date: **18 November/ 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
MGRM	CARSON, JOHN	P.O. BOX 8730	LONGBOAT KEY FL 34228

600009176946
11/22/02--01094--001 *150.00

REINSTATEMENT [Signature]

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: [Signature] Date: **18 Nov 02** Daytime Phone #: **941-383-6876**

Typed or printed name of signing Managing Member/Manager: **WM JOHN CARSON**