

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

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0010194 01 AT 0.292 **AUTO T7 2 0615 33770-302206

Name and Mailing Address

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SALAH AL-ANDARY, M.D., L.L.C.
1920 WEST BAY DRIVE SUITE 6
LARGO FL 33770-3022



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/19/2001	
Principal Place of Business 1920 WEST BAY DRIVE SUITE 6 LARGO FL 33770	3. New Principal Place of Business Address		6. FEI Number 59-3746211
	City, State, Zip		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status Applied For Not Applicable
8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
ARSENault, KENNETH G JR. 10225 ULMERTON ROAD SUITE 2 LARGO FL 33771		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 REQUIRED**
REGISTERED AGENT SIGNATURE

Date 10-23-03

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 REQUIRED~~

2

10/23/03 Daytime Phone # 777-589-1344

Typed or printed name of signing Managing Member/Manager