

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L01000016228

1. Limited Liability Company's Name

Family Podiatry Centers of St. Petersburg, P.L.

REINSTATEMENT 02-05

2. Principal Office Address

4703 Central Ave.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713

Country

USA

3. Mailing Office Address

4703 Central Ave.

Suite, Apt. #, etc.

City & State

St. Petersburg, FL

Zip

33713

Country

USA

4. State/Country of Formation

Florida/USA

**5. Date Organized or Qualified
To Do Business in Florida**

10/2001

6. FEI Number

59-3746825

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

Chris M. Powell

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

4703 Central Ave.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33713

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

Chris M. Powell

REGISTERED AGENT MUST SIGN

Date 01-06-2005

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
MGR	Chris M. Powell	4703 Central Ave.	St. Petersburg, FL 33713

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

Chris M. Powell

Date 01-06-2005

Daytime Phone # 727-321-5678

Typed or printed name of signing Managing Member/Manager Chris M. Powell

CR2E041 (10/02)