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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
 FLORIDA DEPARTMENT OF
 GLASS, CERAMIC AND
 STONE INDUSTRIES
 SECRETARY
 DIVISION OF CONSUMER PROTECTION

L01000017638

FILED

03 OCT 24 PM 2:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000017638

Name and Mailing Address

0002379 01 AT 0.292 **AUTO T1 0 0615 32514-548506

PENSACOLA INTERNAL MEDICINE GROUP, LLC
 9400 UNIVERSITY PARKWAY, STE. 406
 PENSACOLA FL 32514-5485



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 10/15/2001	
Principal Place of Business 9400 UNIVERSITY PARKWAY, STE. 406 PENSACOLA FL 32514	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 94-3409483	Applied For Not Applicable
8. Name and Address of Current Registered Agent BERTELLI, MARTY W 9400 UNIVERSITY PKWY., STE. 406 PENSACOLA FL 32514		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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>Marty Bertelli</i> NOTAR REQUIRED Date <u>10/21/03</u> 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	BERTELLI, MARTY	9400 UNIVERSITY PARKWAY, STE. 406	PENSACOLA FL 32514
		900024423429 11/04/03--0106S--033 **155.00	
		REINSTATEMENT 03	
		02	
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 <i>Marty Bertelli</i> NOTAR REQUIRED		Date <u>10/21/03</u>	Daytime Phone # <u>850 473 8575</u>
Typed or printed name of signing Managing Member/Manager <u>Marty Bertelli</u>			

CR2E034 (7/03)