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Division of Corporations

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Florida Department of State
Division of Corporations
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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

MICRO-MED OF SOUTH GEORGIA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$150.00

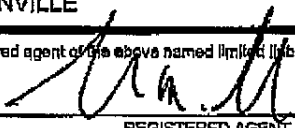
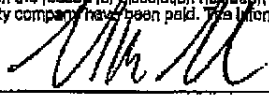
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DIVISION OF CORPORATION

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Fax Audit No.: H02000213651

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 		FLORIDA DEPARTMENT OF STATE Jim Smith Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L01000017791 1. Limited Liability Company's Name MICRO-MED OF SOUTH GEORGIA, LLC			
2. Principal Office Address 4269 INTERSTATE PARKWAY Suite, Apt. #, etc. City & State MACON, GEORGIA Zip 31210 Country USA		3. Mailing Office Address 4269 INTERSTATE PARKWAY Suite, Apt. #, etc. City & State MACON, GEORGIA Zip 31210 Country USA	
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 10/16/2001	
6. FEI Number		☒ 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 FRANCIS M. SCHEU Street Address (P.O. Box Number is Not Acceptable) 5169 WEST 12TH STREET Suite, Apt. #, Etc. City JACKSONVILLE State FL Zip Code 32254			
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 808, F.S. Signature of Registered Agent  Date 10/17/02 REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	FRANK SCHEU	5169 WEST 12TH STREET	JACKSONVILLE, FLORIDA 32254
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 808, 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 808.406, 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  Date 10/17/02 Daytime Phone # _____ Typed or printed name of signing Managing Member/Manager FRANK SCHEU			

10/18/2002

REINSTATEMENT

2002

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

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