

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



DEPARTMENT OF BANKING AND FINANCE
J. Smith
State of Florida
DIVISION OF CORPORATIONS

03 FEB 24 AM 9:12

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

1. DOCUMENT # L01000017987

Name and Mailing Address

0008405 01 FP 0.352 **PRSR TO 0 0615 33556-210721



WESTWOOD FAMILY PRACTICE, LLC
17121 RAINBOW TERRACE
ODESSA FL 33556-2107

600013030436
02/24/03--01044--025 **205.10



2/24 2002-2003

2. New Mailing Address

4321 GUNN Hwy
City, State, Zip
TAMPA FL 33624

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/17/2001

Principal Place of Business

17121 RAINBOW TERRACE
ODESSA FL 33556

3. New Principal Place of Business Address

4321 GUNN Hwy
City, State, Zip
TAMPA FL 33624

6. FEI Number

65-0318864

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

HARRELL, KATHLEEN
17121 RAINBOW TERRACE
ODESSA FL 33556

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

Kathleen Harrell
REGISTERED AGENT MUST SIGN

Date 2-19-03

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
mbr	Kathleen Y Harrell	17121 RAINBOW TERRACE	ODESSA FL 33556

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

Kathleen Harrell

Date 2-19-03

Daytime Phone # 813-920-8893

Typed or printed name of signing Managing Member/Manager