

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

10 AUG 10 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000020951

1. Limited Liability Company's Name

Infectious Disease Consulting, LLC

600184168386
08/09/10--01057--005 **\$21.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #

202 Parkview Place

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip Country
33805 USA

3. Mailing Office Address

P.O. Box 91177

Suite, Apt. #, etc.

City & State

Lakeland, FL

Zip Country
33805 USA

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified
To Do Business in Florida

11/30/2001

6. FEI Number

58-266 5919

☐ 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

Henry Baffoe-Bonnie, MD

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

202 Parkview Place

Suite, Apt. #, Etc.

City

Lakeland

State

FL

Zip Code

3305

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

Baffoe Bonnie

Date

8/3/10

REGISTERED AGENT MUST SIGN

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
MGRM Dr	Henry Baffoe-Bonnie	202 Parkview Place	Lakeland, FL 33805
MGRM MS	Ann-Shirley Baffoe-Bonnie	202 Parkview Place	Lakeland, FL 33805

JB

REINSTATEMENT 2008-10

11. E-mail Address: hbaffoebonnie@yahoo.com

(To be used for future annual report notifications)

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

Baffoe Bonnie

Date

8/3/10

Daytime Phone #

863-682-6686

Typed or printed name of signing Managing Member/Manager

Henry Baffoe-Bonnie