

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

LO1000020951

03 APR -9 PM 3:01

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L01000020951

Name and Mailing Address

0007258 01 FP 0.352 **PRSR T2 0 0615 30084-610928

INFECTION DISEASE CONSULTING, LLC

1928 AVIS LANE

TUCKER GA 30084-6109



4/9 2002-2003

2. New Mailing Address

P.O. Box 91177

City, State, Zip

Lakeland FL 33804-1177

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

12/05/2001

Principal Place of Business

202 PARKVIEW PLACE
LAKELAND FL 33805

3. New Principal Place of Business Address

City, State, Zip

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

BAFFOE-BONNIE, HENRY
202 PARKVIEW PLACE
LAKELAND FL 33805

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

Baffoe Bonnie

REGISTERED AGENT MUST SIGN

Date

4/2/03

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
MGRM	BAFFOE-BONNIE, HENRY	202 PARKVIEW PLACE	LAKELAND FL 33805
MGRM	BAFFOE-BONNIE, ANN-SHIRLEY	202 PARKVIEW PLACE	LAKELAND FL 33805

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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 Henry

Date

4/2/03

Daytime Phone #

863-648-4368

Typed or printed name of signing Managing Member/Manager