

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED

1. DOCUMENT # L01000021981

Name and Mailing Address

0003208 01 AT 0.292 **AUTO T4 0 0615 32789-277360
DONALD D. STODDARD, M.D., LLC
1560 WOODLAND AVE.
WINTER PARK FL 32789-2773

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. New Mailing Address 270 Hummingbird lane City, State, Zip Longwood, FL 32779		4. State/Country of Formation FL	
Principal Place of Business 1560 WOODLAND AVE. WINTER PARK FL 32789		5. Date Organized or Qualified To Do Business in Florida 12/18/2001	
3. New Principal Place of Business Address 270 Hummingbird ln City, State, Zip Longwood, FL 32779		6. FEI Number 22-3850206 Applied For Not Applicable	
8. Name and Address of Current Registered Agent STODDARD, DONALD D M.D. 1560 WOODLAND AVE. WINTER PARK FL 32789		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name: Donald D. Stoddard M.D. Street Address (P.O. Box Number is Not Acceptable) 270 Hummingbird ln City: Longwood FL Zip Code: 32779			
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>[Signature]</i> Date: 12-24-03 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	STODDARD, DONALD DMD	1560 WOODLAND AVE 270 Hummingbird ln	WINTER PARK FL 32789 Longwood, FL 32779
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REINSTATEMENT 03			

12. I certify that I am managing member/manager of 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 of 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: *[Signature]* Date: **12-24-03** Daytime Phone #: **407-331-9355**

Typed or printed name of signing Managing Member/Manager: **Donald D Stoddard M.D.**