

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

12 FEB -7 PM 1:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000021996

1. Limited Liability Company's Name

Southwest Professional Center, L.L.C.

**REINSTATEMENT** 2012 SRH

CR2E041 (1/11)

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

7743 SW S.R. 200

Suite, Apt. #, etc.

3. Mailing Office Address

7743 SW S.R. 200

Suite, Apt. #, etc.

City & State

Ocala, Florida

City & State

Ocala, Florida

Zip

34476

Country

Marion

Zip

34476

Country

Marion

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

12/10/01

6. FEI Number

57-1158249

☐ 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

W.E. Bishop, Jr.

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

7743 SW S.R. 200

Suite, Apt. #, Etc.

City

Ocala

State

FL

Zip Code

34476

E-mail Address:

400220806894  
02/07/12--01025--024 \*\*\*660.00

wbjrpa@cfl.rr.com

(To be used for future annual report notices)

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

Date

2/2/12

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	Eric Jones	10370 SW 51st Terrace	Ocala, FL 34476
MGRM	Chawivan C. Orlando	9377 SW 92nd Street	Ocala, FL 34481
MGRM	W.E. Bishop, Jr.	7743 SW S.R. 200	Ocala, FL 34476
MGRM	Erin Jones	10335 SE 51st Terrace	Ocala, FL 34476

11. 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing  
Member/Manager

Date 02/02/2012

Daytime Phone # 352/237-9225

Typed or printed name of signing Managing Member/Manager W.E. Bishop, Jr.