

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
DIVISION OF CORPORATIONS

8310

1. DOCUMENT # L02000008310

Name and Mailing Address

0016638 01 MB 0.309 \*\*AUTO T1 0 0615 70128-281320



FINOFL, L.L.C.

6020 BULLARD AVE.

NEW ORLEANS LA 70128-2813

REINSTATEMENT

2003

03 DEC 29 PM 1:04

LA 1/7/04



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/05/2002	
Principal Place of Business 6020 BULLARD AVE. NEW ORLEANS LA 70128	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 76-0711233	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent STAKELUM, PIERCY J IV 203 E. LIVINGSTON ST. ORLANDO FL 32801		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is not acceptable) 12/29/03--01058--001 **150.00 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

SIGNATURE REQUIRED

Date 12/26/03

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
Pres	Richard Dickey, MD	6020 Bullard Ave	New Orleans, LA 70128
Sec/TREA	Steven N. Taylor, MD	" " "	New Orleans, LA 70128
V Pres	Peter Y. Lu, MD	" " "	"

REINSTATEMENT

2003

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

SIGNATURE REQUIRED

Date 12/22/03

Daytime Phone (504) 246-8971

Typed or printed name of signing Managing Member/Manager