

L02000009659

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Limited Liability Company's Name

J. BASS MEDICAL, L.L.C.

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

5261 WESTMINSTER DR

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33919

Country

USA

3. Mailing Office Address

5261 WESTMINSTER DR

Suite, Apt. #, etc.

City & State

FORT MYERS, FL

Zip

33919

Country

USA

4. State/Country of Formation
FLORIDA

5. Date Organized or Qualified
To Do Business in Florida 4/23/2002

6. FEI Number
113645673

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

JAMES S. BASS

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

5261 WESTMINSTER DR

Suite, Apt. #, Etc.

City

FORT MYERS

State

FL

Zip Code

33919

☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

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

REGISTERED AGENT MUST SIGN

Date

10/12/08

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
MGR	JAMES S. BASS	5261 WESTMINSTER DR	FORT MYERS, FL 33919
MGRM	JEANNIE C. BASS	5261 WESTMINSTER DR	FORT MYERS, FL 33919
MRGM	JENNIFER L. BASS	5261 WESTMINSTER DR	FORT MYERS, FL 33919
MGRM	JEANNIE R. BASS	5261 WESTMINSTER DR	FORT MYERS, FL 33919

REINSTATEMENT 2007-2008

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.

Signature of
Managing Member/Manager

Date

10/12/08

Daytime Phone #

239-481-7657

Typed or printed name of signing Managing Member/Manager JAMES S. BASS