300.00

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 FEB -2 AM 10:41

DOCUMENT # L02000010515

1. Limited Liability Company's Name
SCOTT F. JOHNSON D.M.D., M.S., L.L.C.

200065833122
02/14/06--01037--006 **250.00

CR2E041 (8/05)

| 2. Principal Office Address | 3. Mailing Office Address |
|---|---|
| 9170 Galleria Court | 9170 Galleria Court |
| Suite, Apt. #, etc.: Unit E | Suite, Apt. #, etc.: Unit E |
| City & State: Naples, FL | City & State: Naples, FL |
| Zip: 34109 Country: USA | Zip: 32606 Country: USA |

4. State/Country of Formation: Florida, USA

5. Date Organized or Qualified To Do Business in Florida: 05/02/2002

6. FEI Number: 68-0501012 ☐ 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

200065833122
02/14/06--01037--007 **50.00

Name: Scott F. Johnson, D.M.D.
Street Address (P.O. Box Number is Not Acceptable): 9170 Galleria Court
Suite, Apt. #, Etc.: Unit E
City: Naples State: FL Zip Code: 34109

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 _____
REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Title | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|---|---|---|---|
| Dr. MGR | Scott F. Johnson | 9170 Galleria Court, Unit E | Naples, FL 34109 |
| | | | |
| | | | |
| | | REINSTATEMENT 03-06 | |
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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 Jan 13/06 Daytime Phone # 239 2540308

Typed or printed name of signing Managing Member/Manager _____