

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

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L02000013600

Name and Mailing Address

0013388 01 AT 0.292 **AUTO TB 3 0615 34997-704380



HEALTHCARE COMPLIANCE STRATEGIES, LLC
1580 SW BELGRAVE TER
STUART FL 34997-7043



2. New Mailing Address 618 N.E. Jensen Beach Blvd.		4. State/Country of Formation FL	
City, State, Zip Jensen Beach FL 34957		5. Date Organized or Qualified To Do Business in Florida 05/29/2002	
Principal Place of Business 1580 SW BELGRAVE TER STUART FL 34997	3. New Principal Place of Business Address 618 N.E. Jensen Beach Blvd.		6. FEI Number 700024289397
City, State, Zip Jensen Beach FL 34957		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 FARLEY, MARGARET M 1580 SW BELGRAVE TER STUART FL 34997		9. Name and Address of New Registered Agent Name Street Address (P.O. Box) 700024289397 10/30/03-01051-010 **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 Margaret M. Farley SIGNATURE REQUIRED Date 10/27/03 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
P	FARLEY, MARGARET M	1580 SW BELGRAVE TER	STUART FL 34997
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 10/27/03 Daytime Phone # 770-334-0901 Typed or printed name of signing Managing Member/Manager			

CR2034 (7/03)

REINSTATEMENT **03**
dec