

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Division of Corporations

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000016993

Name and Mailing Address

0014986 01 AB 0.301 **AUTO T6 1 0615 32606-506516



AMERICAN MEDICAL MOBILITY, LLC
3716 NW 97TH BLVD.
GAINESVILLE FL 32606-5065



2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3716 NW 97TH BLVD. GAINESVILLE FL 32606		5. Date Organized or Qualified To Do Business in Florida 07/05/2002	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 50004150	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 COX, VALERIE 5351 NE 157TH TERR WILLISTON FL 32696		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 100023959931 10/21/03--01011--021 **150.00 City FL Zip Code	
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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] **SIGNATURE REQUIRED**
REGISTERED AGENT MUST SIGN

Date 10-16-03

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
MEMR	Valerie Cox	5351 NE 157th Terr	Williston FL 32696

REINSTATEMENT

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dec

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] **SIGNATURE REQUIRED**

Date 10-16-03 Daytime Phone # 352-331-6565

Typed or printed name of signing Managing Member/Manager

CR2E094 (7/03)