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LIMITED LIABILITY REINSTATEMENT

RWZ REAL ESTATE HOLDINGS, LLC

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L02000017031

1. Limited Liability Company's Name
RWZ Real Estate Holdings, LLC

2. Principal Office Address	3. Mailing Office Address
3690 St. Johns Bluff Road S	3690 St. Johns Bluff Road S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Jacksonville, FL	City & State: Jacksonville, FL
Zip: 32224 Country: USA	Zip: 32224 Country: USA

4. State/Country of Formation: Florida/USA
5. Date Organized or Qualified To Do Business in Florida: 7/8/2002
6. FEI Number: 13-4239111 (Applied For / Not Applicable)
7. CERTIFICATE OF STATUS DESIRED ☐ ($8.75 additional fee required by Secretary of State)

8. Name and Address of Current Registered Agent:
Name: Charles Rust, M.D.
Street Address (P.O. Box Number is Not Acceptable): 3690 St. Johns Bluff Road S.
Suite, Apt. #, Etc.:
City: Jacksonville State: FL Zip Code: 32224

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.

X Signature of Registered Agent: Charles Rust Date: 9/15/04
REGISTERED AGENT MUST SIGN

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
MGRM	Mark Zoller, M.D.	3690 St. Johns Bluff Road S	Jacksonville, FL 32224
MGRM	Charles Rust, M.D.	3690 St. Johns Bluff Road S.	Jacksonville, FL 32224
MGRM	Richard Watmore, M.D.	3690 St. Johns Bluff Road S.	Jacksonville, FL 32224

REINSTATEMENT 2003-04

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 608.408, F.S., and that all taxes 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.

X Signature of Managing Member/Manager: Charles Rust Date: 9/15/04 Daytime Phone #: 904-564-4843

Typed or printed name of signing Managing Member/Manager: Charles Rust, M.D.

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