

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT  
**L02000022693**

FILED

2003 NOV 12 PM 12:57

DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000022693

Name and Mailing Address

0001186 01 AT 0.292 \*\*AUTO T6 3 0615 32082-621600

NEAL AND WINTER, L.L.C.

100 PROFESSIONAL DRIVE

PONTE VEDRA BEACH FL 32082-6216



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 09/03/2002	
Principal Place of Business 100 PROFESSIONAL DRIVE PONTE VEDRA BEACH FL 32082	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 82-0562284	Applied For Not Applicable
8. Name and Address of Current Registered Agent BARTLETT, BARON L 135 PROFESSIONAL DRIVE STE. 101 PONTE VEDRA BEACH FL 32082		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address City FL Zip Code		REINSTATEMENT 2003	
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 <u>X</u> <b>SIGNATURE REQUIRED</b> Date _____ 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
MGR	Michael C. Winter DDS	100 Professional Dr.	Ponte Vedra Bch, Fla 32082
MGR	Kevin Neal DDS	100 Professional Dr.	Ponte Vedra Bch, Fla 32082
300024001599 10/22/03--01013--010 **150.00			

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 10/16/03

Daytime Phone # 904-285-9173

Typed or printed name of signing Managing Member/Manager

Michael C Winter

CR2E034 (7/03)