L02000024053

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
03 OCT -9 AM 10:53

10/22

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10/09/03--01050--019 **310.00

DOCUMENT # L02000024053

1. Limited Liability Company's Name

MEDSOUTH CENTER FOR SLEEP, LLC

REINSTATEMENT 2003

2. Principal Office Address		**3.** Mailing Office Address	
5831 BEE RIDGE ROAD		5831 BEE RIDGE ROAD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 200		SUITE 200	
City & State		City & State	
SARASOTA, FL		SARASOTA, FL	
Zip	Country	Zip	Country
34233	USA	34233	USA

4. State/Country of Formation: FL, USA

5. Date Organized or Qualified To Do Business in Florida: 9/16/02

6. FEI Number: 22-3872682 ☐ 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

Name: DOUGLAS C. DOW

Street Address (P.O. Box Number is Not Acceptable): 8220 112 STR

Suite, Apt. #, Etc.: APT 102

City: SEMINOLE | State: FL | Zip Code: 33772

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: [signature] Date: 10/7/03

REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MMBR	DOUGLAS C. DOW	8220 112 STR, APT 102	SEMINOLE, FL 33772
MBR	THOMAS M. CHADWICK	58 BALSAM ACRES	NEW LONDON, NH 03257
MBR	ERIC B. DOLE	6 PROSPECT STR, W	W. LEBANON, NH 03784
MBR	BURTON A. DOLE, JR.	15835 PALMA VALLEY DR	PALMA VALLEY, CA 92061
	REINSTATEMENT 2003		

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: [signature] Date: 10/7/03 Daytime Phone #: 603-491-2697

Typed or printed name of signing Managing Member/Manager: DOUGLAS C. DOW