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FARR LAW FIRM

Division of Corporations

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DIVISION OF CORPORATION

LIMITED LIABILITY REINSTATEMENT

KINGS HIGHWAY MEDICAL GROUP, L.C.

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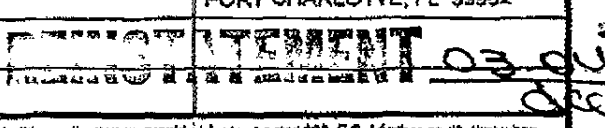
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT #			
1. Limited Liability Company's Name KINGS HIGHWAY MEDICAL GROUP, L.C.			
2. Principal Office Address P.O. BOX 510065		3. Mailing Office Address P.O. BOX 510065	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State PUNTA GORDA, FL		City & State PUNTA GORDA, FL	
Zip 33951	Country USA	Zip 33951	Country USA
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 11/18/2002	
6. FRI Number		☐ 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 GARY A. KAHLE, ESQUIRE			
Street Address (P.O. Box Number is Not Acceptable) 99 NESBIT STREET			
Suite, Apt. #, Etc.			
City PUNTA GORDA		State FL	Zip Code 33950
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 606, F.S.			
Signature of Registered Agent		Date 8/30/04	
REGISTERED AGENT MUST SIGN			
10. Names and Street Addresses of Managing Members/Managers			
Title	Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	HERNANDEZ, MANUEL M.D.	3582 TRIPOLY BLVD.	PUNTA GORDA, FL 33950
MGR	MAAS, MARIA CELINA TRUSTEE	1775 CITRON STREET	CHARLOTTE HARBOR, FL 33980
MGR	MENA, ROSA M.D.	275 FRY TERRACE SE	PORT CHARLOTTE, FL 33952
MGR	GIL, RAMON M.D.	197 ROSELLE CT	PORT CHARLOTTE, FL 33952
			
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 606, 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 606.406, 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		Date 8/30/2004	Daytime Phone # 286-5536
Typed or printed name of signing Managing Member/Manager MANUEL HERNANDEZ, M.D.			

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