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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 JAN -6 PM 1:46

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000031408

Name and Mailing Address

0013801 01 AT 0.292 \*\*AUTO HO 2 0615 34689-585322



GARRETT B. GAUSE, M.D., P.L.  
1722 MARINER WAY  
TARPON SPRINGS FL 34689-5853



2. New Mailing Address <b>2122-B Palm Harbor Blvd</b>		4. State/Country of Formation <b>FL</b>	
City, State, Zip <b>Palm Harbor, FL 34683</b>		5. Date Organized or Qualified To Do Business in Florida <b>11/21/2002</b>	
Principal Place of Business <b>1722 MARINER WAY TARPON SPRINGS FL 34689</b>	3. New Principal Place of Business Address <b>2122-B Palm Harbor Blvd</b> City, State, Zip <b>Palm Harbor, FL 34683</b>	6. FEI Number <b>450493108</b>	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
8. Name and Address of Current Registered Agent <b>MIKOS, CYNTHIA A 205 N PARSONS AVE SUITE A BRANDON FL 33510-4515</b>		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 <b>Garrett B. Gause, MD</b> Street Address (P.O. Box Number is Not Acceptable) <b>2122-B Palm Harbor Blvd</b> City <b>Palm Harbor</b> FL Zip Code <b>34683</b>			
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 <b>[Signature]</b> <b>SIGNATURE REQUIRED</b> Date <b>12/31/03</b> 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
<b>Pres</b>	<b>Garrett B. Gause</b>	<b>2122-B Palm Harbor Blvd</b>	<b>Palm Harbor, FL 34683</b>
			<b>600026039386</b> <b>01/06/04 01003 017 **150.00</b>
<b>REINSTATEMENT 2003</b>			
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 <b>[Signature]</b> <b>SIGNATURE REQUIRED</b>		Date <b>12/31/03</b>	Daytime Phone # <b>727-785-1998</b>
Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)