

L02000033063

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JUN 11 PM 2:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000033063

1. Limited Liability Company's Name

Medical Administration, LLC

REINSTATEMENT

2003-2004

2. Principal Office Address

800 North Ferncreek Avenue

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32803

Country

US

3. Mailing Office Address

800 North Ferncreek Avenue

Suite, Apt. #, etc.

City & State

Orlando Florida

Zip

32803

Country

US

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

December 10, 2002

6. FEI 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

John G. Pierce

Street Address (P.O. Box Number is Not Acceptable)

800 North Ferncreek Avenue

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32803

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

John G. Pierce

REGISTERED AGENT MUST SIGN

Date

June 7, 2004

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	Keith T. Hopkins	1778 Lee Janzen Drive	Kissimmee, Florida 34744

400037849374
06/10/04--01076--001 **200.00

JB

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

Keith T. Hopkins

Date

06-09-04

Daytime Phone #

321-287-0913

Typed or printed name of signing Managing Member/Manager

Keith T. Hopkins

CR2E041 (10/02)