

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

08 SEP 19 AM 9:41

**DOCUMENT # L03000002257**

**1. Limited Liability Company's Name**

Florida Surgical Specialties, LLC

CR2E041 (12/07)

**2. Principal Office Address - No P.O. Box #**

106 Commerce St

Suite, Apt. #, etc.

Suite 108

City & State

Lake Mary, FL

Zip

32746

Country

USA

**3. Mailing Office Address**

106 Commerce St

Suite, Apt. #, etc.

Suite 108

City & State

Lake Mary, FL

Zip

32746

Country

USA

**4. State/Country of Formation**

Florida, Seminole

**5. Date Organized or Qualified  
To Do Business in Florida**

01/21/2003

**6. FEI Number**

043745594

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

Michael Milkey

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

106 Commerce St

Suite, Apt. #, Etc.

Suite 108

City

Lake Mary, FL

State

FL

Zip Code

32746

☒ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.

**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

*Michael A. Milkey*

Date

9-10-08

REGISTERED AGENT MUST SIGN

**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	Michael Milkey	10060 Bishop Lake Way	Jacksonville, FL 32256
MGRM	Gregory Zaski	16490 Redington Dr	Redington Beach, FL 33708

900135874739  
09-10-08--01003--007 \*\*421.25

REINSTATEMENT

06-08

*Self*

**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

*Michael A. Milkey*

Date

9-10-08

Daytime Phone #

800-961-2122

Typed or printed name of signing Managing Member/Manager

Michael Milkey