

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
07 DEC 18 PM 2:12

DOCUMENT # L03 000006221

1. Limited Liability Company's Name

Florida 3rd Party Administrators, LLC

CR2E041 (1/07)

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

5390 Park Central Court

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

USA

3. Mailing Office Address

5390 Park Central Court

Suite, Apt. #, etc.

City & State

Naples, FL

Zip

34109

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **02/19/2003**

6. FEI Number

200194734

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
Dr. William K. Nevius

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

5390 Park Central Court

Suite, Apt. #, Etc.

City
Naples

State
FL

Zip Code
34109

☐ 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

REGISTERED AGENT MUST SIGN

Date

12/11/07

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
Mgr	Dr. William K. Nevius	5390 Park Central Court	Naples, FL 34109
Mgr	Dr. Thomas E. Parent	5390 Park Central Court	Naples, FL 34109
Mgr	Dr. Herbert M. Bertram	5390 Park Central Court	Naples, FL 34109

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REINSTATEMENT 2006-07

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

Date

12/11/07

Daytime Phone #

596 4800 (239)

Typed or printed name of signing Managing Member/Manager

William K. Nevius