

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10-1-04  
250.00

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR 24 AM 9:40

DOCUMENT # L03000024279

1. Limited Liability Company's Name

Emily Medical Leasing, LLC

600074662326

05/16/06--01023--026 \*\*250.00

CR2E041 (8/05)

2. Principal Office Address

480 N. Orlando Ave

3. Mailing Office Address

Same

Suite, Apt. #, etc.

Suite 118

Suite, Apt. #, etc.

City & State

Winter Park FL

City & State

Zip

32789

Country

USA

Zip

Country

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

7/01/2003

6. FEI Number

None

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

Barry J. Kaplan, D.D.

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

480 N. Orlando Ave

Suite, Apt. #, Etc.

Suite 118

City

Winter Park

State

FL

Zip Code

32789

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

Barry J. Kaplan, D.D.

Date

3/12/06

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
Mgr	Anielle Benjamin-Kaplan	480 N. Orlando Ave Suite 118	Winter Park FL 32789
Mgr	Barry J. Kaplan, D.D.	480 N. Orlando Ave Suite 118	Winter Park FL 32789

REINSTATEMENT 04-06

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

Barry J. Kaplan, D.D.

Date 3/12/06

Daytime Phone# 407 647 4411

Typed or printed name of signing Managing Member/Manager

Barry J. Kaplan, D.D.