

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000026211

1. Limited Liability Company's Name

Doctors Debt Management, LLC

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

522 Hunt Club

3. Mailing Office Address

Suite, Apt. #, etc.

223

Suite, Apt. #, etc.

City & State

Apopka, FL

City & State

Zip

32703

Country

USA

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

July 17, 2003

6. EEI Number

37-1471169

☐ 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

Rodger D. Moss, Jr.

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

425 West Colonial Drive

Suite, Apt. #, Etc.

101

City

Orlando

State

FL

Zip Code

32804

☐ 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

Date

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
MEM	Jason B. Payor, M.D.	522 Hunt Club #223	Apopka, FL 32703

REINSTATEMENT

04-07

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

9/26/2007

Daytime Phone #

877-934-1190

Typed or printed name of signing Managing Member/Manager