

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 SEP 10 P 1:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
09/04/08 01041-003 \*\*\*193.75

CR2E041 (12/07)

**DOCUMENT # L03000031774**

1. Limited Liability Company's Name

**KBG PROPERTIES, LLC**

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

**111 CHANTECLAIRE CIRCLE**

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

**GULF BREEZE, FL**

City & State

Zip

**32561**

Country

**USA**

Zip

Country

8. Name and Address of Current Registered Agent

Name

**GARY W. HUSTON**

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

**125 W. ROMANA STREET**

Suite, Apt. #, Etc.

**SUITE 800**

City

**PENSACOLA**

State

**FL**

Zip Code

**32502**

4. State/Country of Formation

**FLORIDA/USA**

5. Date Organized or Qualified

To Do Business in Florida **08-25-2003**

6. FEI Number

**20-0173809**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required  
for a Certificate of Status

☐ 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

*Gary W. Huston*

REGISTERED AGENT MUST SIGN

Date **AUGUST 29, 2008**

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City, State, and Zip Code
MGRM	MARCUS P. SCHMITZ, M.D.	111 CHANTECLAIRE CIRCLE	GULF BREEZE, FL 33561
MGRM	BRUCE C. RAYMON, M.D.	111 CHANTECLAIRE CIRCLE	GULF BREEZE, FL 33561
MGRM	CHARLES WOLFF, M.D.	111 CHANTECLAIRE CIRCLE	GULF BREEZE, FL 33561
MGRM	DAVID E. FAIRLEIGH, M.D.	111 CHANTECLAIRE CIRCLE	GULF BREEZE, FL 33561
MGRM	JEFF L. BUCHALTER, M.D.	111 CHANTECLAIRE CIRCLE	GULF BREEZE, FL 33561

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

*Marcus P. Schmitz*

Date **9/2/08**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

**Marcus Schmitz**