

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 OCT 19 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000036202

1. Limited Liability Company's Name

Cameron Clinics LLC

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 6542 Hypoluxo Road		3. Mailing Office Address 6542 Hypoluxo Road	
Suite, Apt. #, etc. Suite #334		Suite, Apt. #, etc. Suite #334	
City & State Lake Worth, FL		City & State Lake Worth, FL	
Zip 33467	Country USA	Zip 33467	Country USA

4. State/Country of Formation Florida	
5. Date Organized or Qualified To Do Business in Florida 09/21/2003	
6. FEI Number 54-2130864	Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent			
Name Blaine S. Cameron			
Street Address (P.O. Box Number is Not Acceptable) 6513 Marblertree Lane			
Suite, Apt. #, Etc.			
City Lake Worth	State FL	Zip Code 33467	

☒ 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

10/18/07

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
MGRM	Dr. Blaine S. Cameron	6513 Marblertree Lane	Lake Worth, FL 33467
MGRM	Mrs. Marsha Cameron	10680 Sunset Strip	Sunrise, FL 33322
MGRM	Mr. Shane M. Cameron	6513 Marblertree Lane	Lake Worth, FL 33467
REINSTATEMENT			
2006-2007			
100111014107 10/19/07--01049--015 ++100.00			

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

10/18/07

Daytime Phone # **877-412-7272**

Typed or printed name of signing Managing Member/Manager

2006-2007
AK Return
by USPS