2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 10, 2005
Secretary of State

DOCUMENT# L03000045920

Entity Name: HOLLOWAY ENTERPRISES, LLC

Current Principal Place of Business:

4421 NW HWY 27
223
OCALA, FL 34482

New Principal Place of Business:

Current Mailing Address:

4421 NW HWY 27
223
OCALA, FL 34482

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOLLOWAY, MICHAEL M M.D.
8250 NW 136TH AVENUE ROAD
OCALA, FL 34482 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: MICHAEL M. HOLLOWAY, M.D.
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: HOLLOWAY, MICHAEL M M.D.
Address: 8250 NW 136TH AVENUE ROAD
City-St-Zip: OCALA, FL 34482

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL M. HOLLOWAY, M. D. MGR 11/10/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date