

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 MAY -1 AM 11:06

**DOCUMENT #**

LO3000048707

**1. Limited Liability Company's Name**

Florida Cancer  
Specialists, LLC

**2. Principal Office Address**

2200 West 1<sup>st</sup> St.

Suite, Apt. #, etc.

**3. Mailing Office Address**

2200 West 1<sup>st</sup> St.

Suite, Apt. #, etc.

City & State

Sanford, FL

City & State

Sanford, FL

Zip

32771

Country

Seminole

Zip

32771

Country

Seminole

CR2E041 (8/05)

**4. State/Country of Formation**

Florida / Seminole

**5. Date Organized or Qualified  
To Do Business in Florida**

12/01/03

**6. FEI Number**

03-0537316

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

John D. Looper

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

2200 West 1<sup>st</sup> St.

Suite, Apt. #, Etc.

City

Sanford

State  
FL

Zip Code

32771

**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

John D. Looper

Date

04-07-06

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.
M/GRM	John D. Looper	Same as above	

980075105979  
05/23/05--01059--004 \*\*250.00

REINSTATEMENT

pdck#4805

04/21/06 \$250.00

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

John D. Looper

Date

04/07/06

Daytime Phone #

407 321 3040

Typed or printed name of signing Managing Member/Manager