

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 11 AM 10:41

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000030077

1. Limited Liability Company's Name

Private Providers Association of
Florida, LLC

2. Principal Office Address

9310 Old Kings Rd

Suite, Apt. #, etc.

Suite 1303

City & State

Jacksonville FL

Zip

32257

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

4/14/2004

6. FEI Number

205477781

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

Carl m Coger

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

17436 Dragg Lane

Suite, Apt. #, Etc.

City

Bryceville

State

FL

Zip Code

32009

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

[Signature]

Date September 1 2006

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	Carl Coger	17436 Dragg Lane	Bryceville FL 32009
MEM	Boop Khirsukhani	4299 Ripkin Circle West	Jacksonville FL 32224
MEM	Deanna Shannon	568 Deerfield Rd	St. Augustine FL 32095

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

[Signature]

Date

9/1/06

Daytime Phone #

904 891 1126

Typed or printed name of signing Managing Member/Manager

Carl m Coger

NO REPORT RECEIVED