## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

## LIMITED LIABILITY COMPANY REINSTATEMENT



## FLORIDA DEPARTMENT OF STATE Secretary of State

DIVISION OF CORPORATIONS

FILEU 2003 SEP 24 PM 8: 52 Julius Color of ORINA

1. Limite	UMENT # LU4000 d Liability Company's Name ERSCOPIC SURGE		FLORIDA, LLC		. TALLAHASSEE, F	Coura	
2. Principal Office Address - No P.O. Box # 3. Mailing Office Address					CR2E041 (10/08)		
308 Wallick Dr.		308 Wallick Dr.	308 Wallick Dr.		4. State/Country of Formation		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Florida  5. Date Organized or Qualified To Do Buskness in Fiorida()5/()3/()4		
City & State Cotter, AF		City & State Cotter, AF 726	City & State Cotter, AF 72626-9783		6. FEI Number Applied For 201087543 Not Applied be		
zip 72626-	9783 Country U.S.	Zip 72626-9783	Country U.S.	7	\$50	10 Adoitional File (equired in a Certification)	
	8. Name and Add	ress of Current Registered A	gent				
Street Ad		<u> </u>	State Zip Code FL 33609		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.		
Signature Registered		REGISTERED AGENT MI	her	h and accept the obliga	tions of Chapter 608, F.S.  Date	19	
Titles	Name of Managers Managers		Street Address of Each Managing Member/Manager		City / State / Zlp		
CEO	Bailey, Joe S.		308 Wallick Dr.		Cotter, AF 72626-9783		
coo	OO Miller, Mark		8 Marans Dr.		Little Rock, AR 7222	3	
				09/2	5 <del>/030100200</del> 1	**2085.00	
				<b>4</b> 09/2	00161011 5/0901002001	524 **2085.00	
filing to all fee as if r	fy that I am managing member/mana- this reinstatement application the reas is owed by the limited liability compan- nade under oath.	ion for dissolution has been all	ninated, the limited (iability tion indicated on this applic	company name satisfication is true and accum	is the requirements of section 6	08.408, F.S., and that the same legal effect	
Typed or po	rinted name of signing Managing Me	mber/Manager Joe Sam	uel Bailey				