

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 SEP 24 PM 8:52

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (10/08)

DOCUMENT # L04000033453

1. Limited Liability Company's Name

Laserscopic Spinal Center of Florida, LLC

2. Principal Office Address - No P.O. Box #

308 Wallick Dr.

Suite, Apt. #, etc.

City & State

Cotter, AF

Zip

72626-9783

Country

U.S.

3. Mailing Office Address

308 Wallick Dr.

Suite, Apt. #, etc.

City & State

Cotter, AF 72626-9783

Zip

72626-9783

Country

U.S.

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 05/03/04

6. FEI Number

201087628

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

Andrews Law Group (J. Troy Andrews, Esq.)

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

3220 Henderson Blvd.

Suite, Apt. #, Etc.

City

Tampa

State

FL

Zip Code

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.

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

J. Troy Andrews
REGISTERED AGENT MUST SIGN

Date

9/23/09

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
CEO	Bailey, Joe S.	308 Wallick Dr.	Cotter, AF 72626-9783
COO	Miller, Mark	8 Marans Dr.	Little Rock, AR 72223

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09/29/09--01002--001 **2085.00

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 608.408, 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

Joe Samuel Bailey

Date 9-23-09

Daytime Phone # 214-864-9774

Typed or printed name of signing Managing Member/Manager **Joe Samuel Bailey**