

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000036101

1. Limited Liability Company's Name

Laserscopic Medical Clinic, 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** 05/12/04

6. FEI Number
201119255

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 **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.

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**

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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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**

Date

Daytime Phone

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