

FILED



07 MAY 18 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MARY Wilson LHC
5205 Lloyd St
Saffner FlA, 33584
813-380-6423

5205 Lloyd St

Suite, Apt. #, etc.

Seffner FlA

Zip	Country
33584	US

Country
Hill

Name

MAR 74 Wilson

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

5205 Lloyd 97

Suite, Apt. #, Etc.

City Jeffner

State
FL

Zip Code
73584

**Signature of
Registered Agent**

Mark Wilson
REGISTERED AGENT

Date 5/11/01

REGISTERED AGENT MUST SIGN

Titles

Name of
Managing Members/ Managers**Street Address of Each Managing Member/Manager**

City / State / Zip

MANAGER	MARTY Wilson	5705 Lloyd St	Jefferson F/A. 33584
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940103107200

05/24/07--01024--013 **250.00

REINSTATEMENT

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 5/11/07

Daytime Phone #

013/380-6423

Typed or printed name of signing Managing Member/Manager

MARTY Wilson