

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 25 AM 10:33

DOCUMENT # L04000087150

1. Limited Liability Company's Name

MEDICAL CONFERENCE CENTERS, LLC

CR2E041 (8/05)

2. Principal Office Address

340 Palm Island SE

Suite, Apt. #, etc.

3. Mailing Office Address

340 Palm Island SE

Suite, Apt. #, etc.

City & State

Clearwater, FL

City & State

Clearwater, FL

Zip

33767

Country

US

Zip

33767

Country

USA

4. State/Country of Formation

BROWARD, FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

MOMBACH, GEOFFREY ESQ. C/O MOMBACH, BOYLE & HARDIN P.A.

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

500 EAST BROWARD BLVD

Suite, Apt. #, etc.

SUITE 1950

City

FT. LAUDERDALE

State

FL

Zip Code

33767

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

Geoffrey Mombach

REGISTERED AGENT MUST SIGN

Date

10/21/05

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
mm	BOB R STARNES	340 Palm Island SE	Clearwater, FL 33767
			000060917630
			10/25/05--01036--006 **155.00
			REINSTATEMENT 2005

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

Bob R Starnes

Date

10-22-05

Daytime Phone #

727-441-1903

Typed or printed name of signing Managing Member/Manager

BOB R STARNES