

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000054438

1. Limited Liability Company's Name

PHYSICIANS' LAW CENTER, LLC

2. Principal Office Address - No P.O. Box #
3452 W. Boynton Beach Blvd.

3. Mailing Office Address
<SAME>

Suite, Apt. #, etc.
Suite 5

Suite, Apt. #, etc.

City & State
Boynton Beach, Florida

City & State

Zip
33436

Country
USA

Zip

Country

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **6/01/2005**

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
MICHAEL R. PRESLEY, ESQ.

Street Address (P.O. Box Number is Not Acceptable)
3452 W. BOYNTON BEACH BLVD.

Suite, Apt. #, Etc.
SUITE 5

City
Boynton Beach

State
FL

Zip Code
33436

☒ 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 **4/30/2007**

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
MGR	MICHAEL R. PRESLEY, ESQ.	3452 W. Boynton Beach Blvd.	BOYNTON BEACH, FL. 33436

REINSTATEMENT 2006-2007

000102527160
05/15/07--01039--018 **100.00

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 608.406, 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 **4/30/2007**

Daytime Phone # **561.740.4871**

Typed or printed name of signing Managing Member/Manager **MICHAEL R. PRESLEY, ESQ./MGR.**