

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED
FILED

07 OCT 29 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000087509

1. Limited Liability Company's Name

A+ URGICARE LLC

WOT-471166

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

903 W. OAK ST.

Suite, Apt. #, etc.

3. Mailing Office Address

903 W. OAK ST.

Suite, Apt. #, etc.

City & State

KISSIMMEE

City & State

KISSIMMEE

Zip

34741

Country

USA

Zip

34741

Country

8. Name and Address of Current Registered Agent

Name
RIYAZ AHMED

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

903 W. OAK ST.

Suite, Apt. #, Etc.

City
KISSIMMEE

State

FL

Zip Code

34741

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

[Signature]
REGISTERED AGENT MUST SIGN

Date **10/3/07**

☐ 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.

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	RIYAZ AHMED	903 W. OAK ST.	KISSIMMEE, FL. 34741
FF	\$200		06.07 300109528413 09/18/07--01008--002 **150.00
			300109528413 11/02/07--01037--026 **50.00

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

9/12/07

Daytime Phone #

407-711-8075

Typed or printed name of signing Managing Member/Manager