

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 DEC 29 AM 8:31

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|--|---|--|---|---|--|
| DOCUMENT # L05000111993 1. Entity Name ALLARD & JONES THERAPEUTIC SERVICES LLC | | | | | |
| Principal Place of Business 12728 LONGCREST DR RIVERVIEW, FL 33569 US | | | Mailing Address 12728 LONGCREST DR RIVERVIEW, FL 33569 US | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 10162006 REIN-LLC CR2E101 (11/05) | |
| City & State | | City & State | | 4. FEI Number 20-3858272 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| A1A REGISTERED AGENT INC. 92 SADBERRY ROAD QUINCY, FL 32351 | | | | Name AMANDA ALLARD & JEANNINE JONES Street Address (P.O. Box Number is Not Acceptable) 12728 LONGCREST DR City RIVERVIEW FL Zip Code 33569 | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| FILE NOW!!! FEE IS \$50.00 After January 1, 2007, Fee will be \$100.00 | | In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. | | Make check payable to Florida Department of State | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ALLARD, AMANDA 12728 LONGCREST DR RIVERVIEW, FL 33569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 800082822638 12/28/06--01038--010 **50.00 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JONES, JEANNINE 11831 BRENFORD CREST DR RIVERVIEW, FL 33569 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 2006 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. | | | | | |
| SIGNATURE: JEANNINE JONES 11/3/2006 813-600-3287 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small> | | | | | |