

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

07 DEC 31 AM 8:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 6050001141006

1. Limited Liability Company's Name

Wakula Urgent Care & Diagnostic Center LLC

700113550997  
01/02/08--01035--001 \*\*50.00  
CR2E041 (1/07)

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

1325 Coastal Hwy

Suite, Apt. #, etc.

3. Mailing Office Address

Po box 70

Suite, Apt. #, etc.

City & State

Panacea

City & State

Panacea

Zip

32346

Country

USA

Zip

32346

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

203850058

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

David Keen

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

2245 Coastal Hwy Upland way

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32311

☒ 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

Date

12/31/07

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

| Titles     | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip          |
|------------|--------------------------------------|---|-----------------------------|
| <u>MGR</u> | <u>DAVID KEEN</u>                    | <u>2245 Upland way.</u>                           | <u>Tallahassee FL 32346</u> |
|            |                                      |   |                             |
|            |                                      |   |                             |
|            |                                      |   |                             |
|            |                                      |   |                             |
|            |                                      |   |                             |

700113550997  
01/02/08--01035--002 \*\*50.00

**REINSTATEMENT 2006-07**

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

12/31/07

Daytime Phone #

850 984-3132

Typed or printed name of signing Managing Member/Manager