PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENT OF STATE
Secretary of State
*DIVISION OF CORPORATIONS*

FILED
2010 MAR 23 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CR2E041 (11/09)

DOCUMENT # L05000114228

1. *Limited Liability Company's Name*
DZUY VU LE, MD, LLC

| 2. Principal Office Address - No P.O. Box # | 3. Mailing Office Address |
|---|---|
| 211 CORAL SANDS DR | 110 LONGWOOD AVENUE |
| Suite, Apt #, etc: SUITE B | Suite, Apt #, etc. |
| City & State: ROCKLEDGE, FL | City & State: ROCKLEDGE, FL |
| Zip: 32955 Country: USA | Zip: 32955 Country: USA |

4. State/Country of Formation: FLORIDA USA

5. Date Organized or Qualified To Do Business in Florida: 11-29-05

6. FEI Number: 26-0818015 — 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: WHESTHOFF FAMILY PHYSICIANS, INC
Street Address (P.O. Box Number is Not Acceptable): 110 LONGWOOD AVENUE
Suite, Apt #, Etc.:
City: ROCKLEDGE State: FL Zip Code: 32955

☐ 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: [signature] Date: 3-17-10
REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| MGRM | WHESTHOFF FAMILY PHYSICIANS | 110 LONGWOOD AVENUE | ROCKLEDGE, FL 32955 |
| | | | |
| | | REINSTATEMENT | 06-10 |
| | | | 3-24-10 |

11. E-mail Address: LYNDA.KIRKLAND@WHESTHOFF.ORG
(To be used for future annual report notifications)

12. 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: [signature] Date: 3-17-10 Daytime Phone #: 321-636-2211

Typed or printed name of signing Managing Member/Manager: EMIL MILLER, CEO