

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. W09-80069

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

09 DEC 24 AM 8:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

LO6 D00080009  
SOUTHWEST FLORIDA RHEUMATOLOGY  
LLC

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

11952 Boyette Road  
Suite, Apt. #, etc.

3. Mailing Office Address

P.O. BOX 2779  
Suite, Apt. #, etc.

City & State

Riverview, FL  
Zip 33569 Country USA

City & State

Riverview, FL  
Zip 33568 Country USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified  
To Do Business in Florida

AUG 12, 2006

6. FEI Number

20-5385480

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

☒ 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.

**8. Name and Address of Current Registered Agent**

Name

SHANMUGAPRIYA REDDY

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

15215 Mertlinglen Place

Suite, Apt. #, Etc.

City

Lithia FL

State

FL

Zip Code

33547

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

Sp. R Reddy  
REGISTERED AGENT MUST SIGN

Date 11-10-09

**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
<del>MGRM</del>	<del>Shanmugapriya Reddy</del>	<del>15215 Mertlinglen Place</del> <u>(HOME)</u> <u>Lithia FL 33547</u>	<del>Lithia, FL 33547</del> <u>Sp. R</u>
		<u>(BUSINESS)</u>	
MGRM	Shanmugapriya Reddy	11952 Boyette Road	Riverview FL 33569
L. SELLERS		<b>REINSTATEMENT</b>	

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

Sp. R Reddy

Date 11-10-09

Daytime Phone#

813 321 741

Typed or printed name of signing Managing Member/Manager

SHANMUGAPRIYA REDDY