

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JAN 16 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

300138233383
11/24/08--01047--015 **143.75

CR2E041 (10/08)

DOCUMENT # 1.06000096545

1. Limited Liability Company's Name

Pediatric Hospitalist of Homestead, LLC

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

151 NW 11th Street

Suite, Apt. #, etc.

Suite E202

City & State

Homestead, Florida

Zip

33030

Country

USA

3. Mailing Office Address

151 NW 11th Street

Suite, Apt. #, etc.

Suite E202

City & State

Homestead, Florida

Zip

33030

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **10/3/2006**

6. FEI Number

61-1510453

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

Management Services of Homestead, Inc.

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

151 NW 11th Street

Suite, Apt. #, Etc.

Suite E202

City

Homestead

State

FL

Zip Code

33030

☒ 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

REGISTERED AGENT MUST SIGN

Date **11/19/2008**

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	Dorsey L. Goosby	151 NW 11th Street, Suite E202	Homestead, Florida 33030
MGRM	Pauline Goosby	151 NW 11th Street, Suite E202	Homestead, Florida 33030

277.50 REINSTATEMENT

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01/16/09--01045--005 **133.75

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 **11/19/2008**

Daytime Phone # **305-245-3220**

Typed or printed name of signing Managing Member/Manager **Dorsey L. Goosby**