


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2013 - 2015				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <u>L07000003397</u>					
1. Limited Liability Company's Name PHYSICIAN ELECTRONIC NETWORK, LLC					
2. Principal Office Address - No P.O. Box # 1508 Sturbridge Court		3. Mailing Office Address 1508 Sturbridge Court		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida JANUARY 09, 2007 6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Dunedin, FL		City & State Dunedin, FL			
Zip 34698	Country USA	Zip 34698	Country USA		
8. Name and Address of Current Registered Agent Name Donald Reddish Street Address (P.O. Box Number is Not Acceptable) 28050 U.S. Hwy. 19 N. Suite, Apt. #, Etc. 208 City Clearwater				<div>200270751402 04/29/15--01015--016 **138.75</div> <div>200270751402 03/17/15--01036--012 **377.50</div>	
State FL Zip Code 33761					
9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S. Signature of Registered Agent <u><i>Donald Reddish</i></u> Date <u>3-2-15</u> <div style="text-align: center; font-size: small;">REGISTERED AGENT MUST SIGN</div>					
10. Names and Street Addresses of Authorized Representatives/Managers					
Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip		
MGR	A-Hamid Hakki	1508 Sturbridge Court	Dunedin, FL 34698		
11. E-mail Address: <u>ahakki@tampabay.rr.com</u> <div style="text-align: center; font-size: x-small;">(To be used for future annual report notifications)</div>					
12. I certify that I am an authorized representative/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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S. Signature of Authorized Representative/Manager <u><i>A-Hamid Hakki</i></u> Date <u>3/4/2015</u> Daytime Phone # <u>(727) 424-1166</u> Typed or printed name of signing Authorized Representative/Manager _____					