

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # L07000058455					
1. Entity Name MICHAEL SCOTT CUEVAS PLLC					
Principal Place of Business 2311 SANTA BARBARA BLVD. 4923 SW 3 RD AVE CAPE CORAL, FL 33901 33914		Mailing Address 4923 S.W. 3 RD AVENUE 2648 SOMERVILLE LOOP #1301 CAPE CORAL, FL 33991 33914			
2. Principal Place of Business - No P.O. Box # 4923 S.W. 3 RD AVE. Suite, Apt. #, etc.		3. Mailing Address 4923 S.W. 3 RD AVE. Suite, Apt. #, etc.			
City & State CAPE CORAL Zip 33914 Country		City & State CAPE CORAL Zip 33914 Country		4. FEI Number 22-3964783 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				11072008 REIN-LLC CR2E101 (1/07)	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name KATHALEEN J. McPhillips Street Address (P.O. Box Number is Not Acceptable) 315 Hibiscus St. City WEST PALM BEACH, FL Zip Code 33401		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>K. J. McPhillips, CPA</u> 11-12-08 <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$138.75 After January 1, 2009, Fee will be \$277.50		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	FINANCIAL OFFICER KATHALEEN J. McPhillips 315 HIBISCUS ST. WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>K. J. McPhillips, CPA</u>			11-12-08 (561) 835-8778		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FL



11072008 REIN-LLC CR2E101 (1/07)

4. FEI Number 22-3964783 Applied For ☐ Not Applicable

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