

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000009420

1. Limited Liability Company's Name

John M Hill MD LLC

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

2061 Breezy Knoll Road

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

USA

3. Mailing Office Address

2061 Breezy Knoll Road

Suite, Apt. #, etc.

City & State

DeLand, FL

Zip

32720

Country

USA

8. Name and Address of Current Registered Agent

Name

Hill, John M

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

2061 Breezy Knoll Road

Apt. #, Etc.

City

DeLand

State

FL

Zip Code

32720

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

REGISTERED AGENT MUST SIGN

Date 10/21/2016

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	Hill, John M	2061 Breezy Knoll Road	DeLand, FL 32720
MGRM	Hill, Jennifer D	2061 Breezy Knoll Road	DeLand, FL 32720

11. E-mail Address: bti@biztaxpros.com

(To be used for future annual report notifications)

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 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Date

10/21/2016

Daytime Phone #

386-774-0016

Typed or printed name of signing authorized representative/member

FILED

16 NOV -4 PM 4:34

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

CR2ED41 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

01/25/2009

6. FEI Number

26-4201202

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a certificate of status

400291998214
11/04/16--01017--027 **243.75