PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETINGTHIS FORM

**LIMITED LIABILITY COMPANY REINSTATEMENT**

FLORIDA DEPARTMENTOF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L2300054153 4

1. Limited Liability Company's Name
MedPlus Professional Staffing, LLC

800440442736
12/03/24--01004--001 **238.75

CR2E041 (1/14)

| 2 Principal Office Address - No P O Box # | 3 Mailing Office Address |
|---|---|
| 2054 Vista Parkway | 2054 Vista Parkway |
| Suite Apt #, etc: 400 | Suite Apt #, etc: 400 |
| City & State: West Palm Beach, Florida | City & State: West Palm Beach, Florida |
| Zip: 33411 Country: U.S.A. | Zip: 33411 Country: U.S.A. |

4. State/Country of Formation: West Palm Beach, FL

5. Date Organized or Qualified To Do Business in Florida: 12/06/2023

6. FEI Number: 38-3644222 ☐ 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: Ann E. Williams

Street Address (P.O. Box Number is Not Acceptable) Suite: 2054 Vista Parkway

Apt #, Etc: Suite 400

City: West Palm Beach | State: FL | Zip Code: 33411

FILED
2024 DEC -3 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: Ann E. Williams Date: 11/14/2024

REGISTERED AGENT MUST SIGN

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 |
|---|---|---|---|
| OWNER | ANN E. WILLIAMS | 2054 VISTA PKWY Suite 400 WEST PALM | WEST PALM BEACH, FL 33411 |
| | | | |
| | | | |

11. E-mail Address: williams94216@icloud.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: Ann E. Williams Date: 11/14/2024 Daytime Phone #: 954-651-6460 J. WILSON

Typed or printed name of signing authorized representative/member: ANN E. WILLIAMS

FEI # 3