PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 DEC -6 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (8/03)

DOCUMENT #L94000000094

1. Limited Liability Company's Name
Immokalee Family Doctor's Clinic, L.C.

04

2. Principal Office Address	3. Mailing Office address
1501 B Sixth Ave.	1501 B Sixth Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Immokalee, Fl	City & State: Immokalee, Fl
Zip: 33934 Country: USA	Zip: 33934 Country: USA

5. Date Organized or Qualified To Do Business in Florida: 2-28-94

Applied for / Not Applicable

7. CERTIFICATE OF STATUS DESIRED [X]

8. Name and Address of Current Registered Agent

PUERTO, JUAN R. DR

1501 B Sixth Ave.

Immokalee, Fl 33934

State: FL

400062483364
12/30/05--01005--003--**105.00

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: Juan R. Puerto
REGISTERED AGENT MUST SIGN
Date: 12/3/05

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
MgrM	Puerto, Juan R. Dr.	1501 B Sixth Ave.	Immokalee, Fl 33934
MgrM	Puerto,Carol	1501 B Sixth Ave.	Immokalee, Fl 33934

REINSTATEMENT 2004-2005

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: Juan R. Puerto
Date: 12/3/05
Daytime Phone: 239-657-2774

Typed or printed name of signing Managing Member/Manager: Juan R. Puerto.

2005

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TALLAHASSEE, FLORIDA

Memo

December 1, 2005

From the desk of Lou Mayer
Tel (727) 441-1194
Fax (727) 447-7777
E-Mail MayerIrm@aol.com

To: Department of State - Florida
Division of Corporations
Reinstatements

Re: Immokalee Family Doctor's Clinic, L.C.
Document No. 94000000094

Pursuant to discussion with your offices, your records indicate the 2004 annual report was returned to sender marked, "not deliverable". Therefore, Reinstatement Forms for 2004 and 2005 are herein submitted with remittances of $50 and $55 respectively and duly signed.

Thank you in advance for processing this as an urgent transaction.