

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS													
DOCUMENT # L94000000094															
1. Limited Liability Company's Name Immokalee Family Doctor's Clinic, L.C.															
2. Principal Office Address 1501 B Sixth Ave.		3. Secondary Office Address 1501 B Sixth Ave.													
4. City & State Immokalee, FL		5. City & State Immokalee, FL													
6. Zip 33934	Country USA	7. Zip 33934	Country USA												
8. Date Organized or Qualified To Do Business in Florida 2-28-94		9. CERTIFICATE OF STATUS DESIRED ☒ \$1.00 Annual Fee (not required for a first filing of this form)													
10. Name and Address of Current Registered Agent PUERTO, JUAN R. DR 1501 B Sixth Ave. Immokalee, FL 33934															
11. I am appointing 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: <u>Juan R. Puerto</u> Date: <u>12/13/05</u> REGISTERED AGENT MUST SIGN		12. Names and Street Addresses of Managing Members/Managers <table border="1"><thead><tr><th>Title</th><th>Name of Managing Member/Manager</th><th>Street Address of Each Managing Member/Manager</th><th>City/State/Zip</th></tr></thead><tbody><tr><td>MgrM</td><td>Puerto, Juan R. Dr.</td><td>1501 B Sixth Ave.</td><td>Immokalee, FL 33934</td></tr><tr><td>MgrM</td><td>Puerto, Carol</td><td>1501 B Sixth Ave.</td><td>Immokalee, FL 33934</td></tr></tbody></table>		Title	Name of Managing Member/Manager	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
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MgrM	Puerto, Carol	1501 B Sixth Ave.	Immokalee, FL 33934												
13. 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 using this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 808.409, 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: <u>Juan R. Puerto</u> Date: <u>12/13/05</u> Daytime Phone: <u>239-657-2770</u> Typed or printed name of signing Managing Member/Manager: <u>Juan R. Puerto</u>															

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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REINSTATEMENT 2004-2005

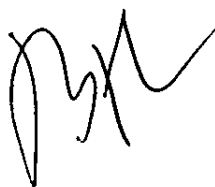
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Memo

December 1, 2005



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

