

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

10 MAR 16 AM 11:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L94000000094

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

500172216695  
03/15/10--01052--011 \*\*416.25  
CR2E041 (11/09)

2. Principal Office Address - No P.O. Box # <u>1501 6th Ave</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>Immokalee, FL</u> Zip <u>34142</u> Country <u>USA</u>		3. Mailing Office Address <u>1501 6th Ave</u> Suite, Apt. #, etc. <u>Suite B</u> City & State <u>Immokalee, FL</u> Zip <u>34142</u> Country <u>USA</u>	
--	--	--	--

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida 1-4-1984

6. FEI Number 65-0469967  
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 Juan R. Puerto, MD  
Street Address (P.O. Box Number is Not Acceptable)  
1501 6th Ave.  
Suite, Apt. #, Etc.  
Suite B  
City Immokalee State FL Zip Code 34142

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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, MD  
REGISTERED AGENT MUST SIGN

Date 3/5/2010

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
<u>MGRM</u>	<u>Andrea L. Keppe</u>	<u>1501 6th Ave. Suite B</u>	<u>Immokalee, FL 34142</u>

REINSTATEMENT 08, 09, 10

11. E-mail Address: Maroctune72@yahoo.com

(To be used for future annual report notifications)

12. 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 Andrea L. Keppe Date 3/5/10 Daytime Phone # (239) 657-2779

Typed or printed name of signing Managing Member/Manager Andrea L. Keppe, MA

MAR 17 2010