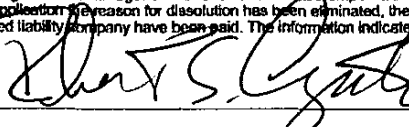


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2004 DEC 14 PM 1:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT				FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L940000000188					
1. Limited Liability Company's Name Emerald Coast Women's Center, P.L.					
2. Principal Office Address 550 W. Redstone Avenue Suite, Apt. #, etc. 470 City & State Crestview, Florida Zip 32536		3. Mailing Office Address 550 W. Redstone Avenue Suite, Apt. #, etc. 470 City & State Crestview, Florida Zip 32536		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 5-2-94 6. FEI Number 59-3234541 Applied For Not Applicable	
Country Okaloosa		Country Okaloosa		7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent					
Name Robert S. Caputo					
Street Address (P.O. Box Number is Not Acceptable) 550 W. Redstone Avenue					
Suite, Apt. #, Etc. 470					
City Crestview					
State FL					
Zip Code 32536					
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 _____ Date _____					
REGISTERED AGENT MUST SIGN					
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	
MGR	Glenn M. Bankert	550 W. Redstone Ave, Ste. 470		Crestview, Florida 32536	
MGR	Robert S. Caputo	550 W. Redstone Ave, Ste. 470		Crestview, Florida 32536	
MGR	Sergio J. Cabrera	550 W. Redstone Ave, Ste. 470		Crestview, Florida 32536	
MGR	Kimberly P. Hood	550 W. Redstone Ave, Ste. 470		Crestview, Florida 32536	
REINSTATEMENT 04 400043407134 12/14/04--01050--005 **150.00					
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  Date 12/7/04 Daytime Phone# 850-689-2223					
Typed or printed name of signing Managing Member/Manager Robert S. Caputo					

CR2041 (10/02)