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		3. Mailing Office Address	
550 W. Redstone Avenue		550 W. Redstone Avenue	
Suite, Apt. #, etc. 470		Suite, Apt. #, etc. 470	
City & State Crestview, Florida		City & State Crestview, Florida	
Zip 32536	Country Okaloosa	Zip 32536	Country Okaloosa

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

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

CR2E041 (10/02)

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 a 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: Robert S. Caputo Date: 12/7/04 Daytime Phone #: 850-689-2223

Typed or printed name of signing Managing Member/Manager: Robert S. Caputo