

APPLICATION FOR
REINSTATEMENT FOR
LIMITED LIABILITY COMPANY



FLORIDA DEPARTMENT OF STATE
Sandra Z. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

1997 AUG 12 PM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address
of Limited Liability Company

DOCUMENT #L914000000242

Cape Coral Medical Plaza, L.D.
10370 Richmond Ave.
Suite #900
Houston, TX 77042

1a. Principal Place of Business Address

10370 Richmond Ave.
Suite #900
Houston, TX 77042

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

2a. Mailing Address

3. Date Organized or Qualified

3a. State of Formation

6/2/94

Florida

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

☐ Applied For
☐ Not Applicable

76-0448033

City & State

City & State

5. Date of Last Report

6. Certificate of Status Desired

\$8.75: Additional Fee Required ☒

Zip

Country

Zip

Country

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

Leffler, Walter R.
13893 Jetport Loop #5
Fort Myers, FL 33913

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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

8/12/97

REGISTERED AGENT MUST SIGN

10. Title

Managing Members Managers

Business Street Address

City, State & Zip Code

MGR

McArthur, J.O.

10370 Richmond Ave., #900

Houston, TX 77042

MGRM

Leffler, Walter R.

13893 Jetport Loop #5

Fort Myers, FL 33913

MEM

Jaramar, Ltd.

10370 Richmond Ave., #900

Houston, TX 77042

100002266131-7

-08/13/97-01093-002

****903.75 ****903.75

REINSTATEMENT

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

8/8/97

Daytime Phone #

713/785-2100

Typed or printed name of signing Managing Member/Manager Jaramar, Ltd., by: J. Michael Sadler, Executive Vice President