

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 26 PM 4:15

DOCUMENT # L95000000539

1. Limited Liability Company's Name

DR. Q & ASSOCIATES, L.C.

2. Principal Office Address

5143 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34606

Country

3. Mailing Office Address

5143 COMMERCIAL WAY

Suite, Apt. #, etc.

City & State

SPRING HILL, FL

Zip

34606

Country

4. State/Country of Formation

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

59-3287930

Applied For -

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

MICHAEL J. KIERZYNSKI

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

5143 COMMERCIAL WAY

Suite, Apt. #, Etc.

City

SPRING HILL

State

FL

Zip Code

34606

100004717891-7

-12/11/01--01016--006

***150.00 ***150.00

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

Michael J. Kierzynski
REGISTERED AGENT MUST SIGN

Date 11/14/01

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	CRAM, WILLIAM J.	5143 COMMERCIAL WAY	SPRING HILL, FL 34606

REINSTATEMENT

2002

Rein 100
UBR 50
150 up

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

William J. Cram

Date

11/14/01

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

WILLIAM J. CRAM