

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

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DOCUMENT # **L96000000774**

1. Limited Liability Company's Name

**SOUTHEASTERN REPRODUCTIVE ENDOCRINOLOGY  
ASSOCIATES, L.C.**

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-12/06/99--01001--004  
\*\*\*150.00 \*\*\*150.00

2. Principal Office Address

**2919 SWANN AVE**

Suite, Apt. #, etc.

**305**

City & State

**TAMPA FL**

Zip

**33609**

Country

**Hillsborough**

3. Mailing Office Address

**2919 Swann**

Suite, Apt. #, etc.

**305**

City & State

**Tampa, FLA.**

Zip

**33609**

Country

**Hillsborough**

4. State/Country of Formation

**FLORIDA**

5. Date Organized or Qualified  
To Do Business in Florida

**7-23-96**

6. FEI Number

**62-1691836**

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name

**Marc H. Querbach**

**MJH**

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

**201 S Biscayne Blvd.**

Suite, Apt. #, Etc.

**#2000**

City

**Miami**

State

**FL**

Zip Code

**33131**

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

**Marc H. Querbach**

REGISTERED AGENT MUST SIGN

Date **11/22/99**

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
Manager	Gary W. DeVane, MD	3435 Pinehurst Avenue	Orlando, FL 32804
Manager	Barry S. Verkauf, M.D.	2919 Swann Ave., # 305	Tampa, FL 33609
Manager	Wayne S. Maxon, M.D.	2825 N. State Rd., # 302	Margate, FL 33063

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 606.406, 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

**Barry Verkauf**

Date **10-28-99**

Daytime Phone # **93 870 3553**

Typed or printed name of signing Managing Member/Manager

**Barry S. Verkauf, M.D.**

CR2001 (9/99)