

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

00 NOV -1 PM 11:02

DOCUMENT # L97000000600

1. Limited Liability Company's Name

Collier Neurologic Specialists, P.L.

2. Principal Office Address

730 Goodlette Rd N

Suite, Apt. #, etc.

Ste 100

City & State

Naples, FL

Zip

34102

Country

USA

3. Mailing Office Address

730 Goodlette Rd N

Suite, Apt. #, etc.

Ste 100

City & State

Naples, FL

Zip

34102

Country

USA

REINSTATEMENT 2000

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

5/29/97

6. FEI Number

59-3454890

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

Naples-Lawdock, Inc.

600003456886

-11/08/00--01025--031

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

4501 Tamiami Tr. N. Ste 300

\*\*\*\*\*50.00 \*\*\*\*\*50.00

Suite, Apt. #, Etc.

600003456886

-11/08/00--01025--032

City

Naples, FL 34103

State

FL

Zip

34103

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

William D. Ertag, M.D.

REGISTERED AGENT MUST SIGN

Date 10-27-00

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	Ertag, William, M.D.	730 Goodlette Rd. N. Ste 100	Naples, FL 34102
MGR	Little, John, M.D.	730 Goodlette Rd. N. Ste 100	Naples, FL 34102
MGR	Wolff, Brian, M.D.	730 Goodlette Rd N. Ste 100	Naples, FL 34102
MGR	Dernbach, Paul, M.D.	730 Goodlette Rd. N. Ste 100	Naples, FL 34102
MGR	Campbell, John, M.D.	730 Goodlette Rd. N. Ste 100	Naples, FL 34102

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 10-27-00

Daytime Phone # 941-262-8971

Typed or printed name of signing Managing Member/Manager

William D. Ertag, M.D.