

L97000000916

APPLICATION FOR REINSTATEMENT FOR LIMITED LIABILITY COMPANY
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris
REINSTATEMENT

FILED
 MAY 27 11:25

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L97000000916
GATEWAY MEDICAL GROUP, LC
309 N.W. 5th Street
Okeechobee, Florida 34972


1a. Principal Place of Business Address
309 N.W. 5th Street
Okeechobee, Florida 34972

2. Principal Place of Business
309 N.W. 5th Street
 Suite, Apt. #, etc.
 City & State
Okeechobee, Florida
 Zip Country
34972 USA

3. Date Organized or Qualified
August 8, 1997
 3a. State of Formation
Florida
 4. FEI Number
65-0775726
 Applied For
 Not Applicable
 5. Date of Last Report
 6. Certificate of Status Desired
 \$8.75 Additional Fee Required

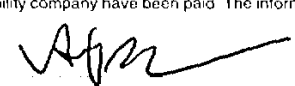
7. Name and Address of Current Registered Agent
Rappel & Associates, P.A.
2770 Indian River Blvd
Suite 314/315
Vero Beach, Florida 32960

8. Name and Address of New Registered Agent
 Name
Rappel & Rappel, P.A.
 Street Address (P.O. Box Number is Not Acceptable)
5070 N. Hwy. A1A
 Suite, Apt. #, etc.
Suite 221
 City Zip Code
Vero Beach FL 32963

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 
Robert Rappel, D.O., J.D.
For Rappel & Rappel, P.A. Date **5-24-99**

| 10. Title | Managing Members/Managers | Business Street Address | City, State & Zip Code |
|-----------|---------------------------|-------------------------|------------------------|
| MGRM | Miguel Espiritu, M.D. | 309 N.W. 5th Street | Okeechobee, FL 34972 |
| MGRM | Arif Shakour, M.D. | 309 N.W. 5th Street | Okeechobee, FL 34972 |
| MGRM | Mohammad Riaz, M.D. | 309 N.W. 5th Street | Okeechobee, FL 34972 |
| MGRM | Zafir Kureshi, M.D. | 309 N.W. 5th Street | Okeechobee, FL 34972 |
| MGRM | John Chang, M.D. | 309 N.W. 5th Street | Okeechobee, FL 34972 |
| MGRM | Manuel Garcia, M.D. | 309 N.W. 5th Street | Okeechobee, FL 34972 |
| MGRM | Muhammad Chaudhary, M.D. | 309 N.W. 5th Street | Okeechobee, FL 34972 |

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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 **5-24-99** Daytime Phone # **941-357-2300**
 Typed or printed name of signing Managing Member/Manager **ARIF SHAKOUR, MD**