

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
01 MAR 16 PM 2:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000001306

1. Limited Liability Company's Name

S & A INVESTMENTS OF KISSIMMEE, FLORIDA, L.C.

2. Principal Office Address

1120 N. Mann St.

3. Mailing Office Address

P. O. Box 692049

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee, FL

City & State

Orlando, FL

Zip 34741

Country

USA

Zip

32869

Country

USA

4. State/Country of Formation

USA

5. Date Organized or Qualified
To Do Business in Florida

November 21, 1997

6. FEI Number

593480490

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

Wm. Patrick Fulford

800003892968-5

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

145 N. Magnolia Ave.

-03/22/01-01071-017

****305.00 ****305.00

Suite, Apt. #, Etc.

City

Orlando

State

FL

Zip Code

32801

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

[Handwritten Signature]

Date

3-14-01

REGISTERED AGENT MUST SIGN

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
MGRM	William A. Steele, M.D.	8738 Lake Tibet Ct.	Orlando, FL 32636

REINSTATEMENT 98-01-015
dec

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

[Handwritten Signature]

Date 3/15/01

Daytime Phone# (407) 468-9700

Typed or printed name of signing Managing Member/Manager

William A. Steele M.D.