PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State **DIVISION OF CORPORATIONS**

1. DOCUMENT #

L98000002540

Name and Mailing Address

0001494 01 AT 0.292 ••AUTO T7 3 0615 32174-530247 COASTAL UROLOGY, L.C. 447 N. BEACH STREET

ORMOND BEACH FL 32174-5302

FILED

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DIVIDION OF CORPORATIONS TALLAHASSEE, FLORIDA



2. New Mailing Address City, State, Zip				4. State/Country of Formation			
				5. Date Organized or Qualified To Do Business in Florida		11/04/1998	
447	De of Business N. BEACH STREET	3. New Principal Place of Business Address		6. FEI Number 59-3544567		Applied For Not Applicable	
ORMOND BEACH FL 32176		City, State, Zip				.00 Additional Fee require for a Certificate of Status	
	8. Name and Address of Current	Name	Name and Address of New Registered Agent				
VAGHAIWALLA, MINOO R 447 N. BEACH STREET ORMOND BEACH FL 32176				Street Address (P.O. Box Number is Not Acceptable)			
	- -		City FL			Zip Code	
	and Street Addresses of Each Managing Name of Managing		Street Address of E		City / S	tate / Zio	
Title(s) Name of Managing Members/Managers MGR VAGHAIWALLA, MINOO R		Ma	Street Address of Each Managing Member/Manager 447 N. BEACH STREET		City / State / Zip		
		-	REINS		10251143 1-01017-027 INT 2003	:	
	that I am managing member/manager o s reinstatement application the reason for owed by the limited liability company hav		red to execute this	application as provided	for in chapter 608, F.S.	I further certify that who	

Signature of Managing Member/Manage

Date 12/15 0 3 Daytime Phone (386) 672:3342

Typed or printed name of signing Managing Member Manage