

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 # L98 00000 3431

1. Limited Liability Company's Name

United Medical Lease LLC.

diss
9/29/00

2. Principal Office Address

535 Central Ave.

3. Mailing Office Address

Suite, Apt. #, etc.

Suite 300

City & State

St. Petersburg, FL.

Zip

33701

Country

Pinellas

4. State/Country of Formation

Pinellas, FL.

5. Date Organized or Qualified
To Do Business in Florida

21 Dec 98.

6. FEI Number

54-2019209.

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

Kevin N. Dunn

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

2511 Boca Grande Dr.

Suite, Apt. #, Etc.

City

St. Petersburg

State

FL

Zip Code

33710

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

Kevin M. D.

Date

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
	Cliff Wilkins	10 Kesnel Close Lewes, MD	Farnham, Surrey, GU14 7LW UK

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

Cliff Wilkins

Date

25 Jan 01

Daytime Phone #

727-343-7460

Typed or printed name of signing Managing Member/Manager