

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State OFFICE OF CORPORATIONS		FILED OCT 31 PM 2:55 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<div style="display: flex; justify-content: space-between;"><div>DOCUMENT # L99000002602</div><div style="font-size: 2em; font-weight: bold; opacity: 0.5;">L99000002602</div></div>					
1. Limited Liability Company's Name HAAS MEDICAL ASSOCIATES, LC					
2. Principal Office Address 510 Longmeadow Street Suite, Apt. #, etc. City & State Celebration, Florida Zip 34747 Country		3. Mailing Office Address 510 Longmeadow Street Suite, Apt. #, etc. City & State Celebration, Florida Zip 34747 Country		4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 4/29/99 6. FEI Number 59-3581105 7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$300 Additional Fee required for a Certificate of Status	
8. Name and Address of Current Registered Agent Name: Ramsey W. Dulin, Esquire Street Address (P.O. Box Number is Not Acceptable): 201 E. Pine Street Suite, Apt. #, Etc.: Suite 425 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: Date: 10/31/00 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	Brian Haas	510 Longmeadow Street	Celebration, Fl. 34747		
MGRM	Dianne C. Haas	510 Longmeadow Street	Celebration, Fl. 34747		
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: 10/31/00 Daytime Phone #: 407/841-1490					
Typed or printed name of signing Managing Member/Manager: Brian Haas					

CR2E041 (9/00)



FILED

00 NOV -3 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 886537

8657A

AUTHORIZATION :

COST LIMIT : \$ 155.00

Sticia Pzyt

ORDER DATE : November 3, 2000

ORDER TIME : 11:06 AM

ORDER NO. : 886537-005

CUSTOMER NO: 8657A

~~508005451895-6~~

CUSTOMER: Ms. Stephanie O'dell
Ramsey W. Dulin, Esq
201 East Pine Street
Suite 425
Orlando, FL 32801

DOMESTIC FILINGS

NAME: HAAS MEDICAL ASSOCIATES, LC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS: _____

RECEIVED
DIVISION OF STATE
CORPORATIONS
00 NOV -3 PM 2:16
TO ACHIEVE
SUFFICIENCY OF FILING