

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 JUN -7 AM 9:04

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L99000003096**

**1. Limited Liability Company's Name**

Westlake Professional Center Partners, LC

**2. Principal Office Address**

115 North Maitland Avenue

Suite, Apt. #, etc.

**3. Mailing Office Address**

115 North Maitland Avenue

Suite, Apt. #, etc.

**City & State**

Altamonte Springs, Florida

**City & State**

Altamonte Springs, Florida

**Zip**

32701

**Country**

USA

**Zip**

32701

**Country**

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

5/28/99

**6. FEI Number**

593638606

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**

Michael E. Murray

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

115 North Maitland Avenue

**Suite, Apt. #, Etc.**

**City**

Altamonte Springs

**State**

FL

**Zip Code**

32701

**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

*Michael E. Murray Mgr.*

REGISTERED AGENT MUST SIGN

Date

6/6/05

**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
MGR	Michael E. Murray	115 North Maitland Avenue	Altamonte Springs, Florida 32701

REINSTATEMENT 02-05

**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

*Michael E. Murray Mgr.*

Date

6/6/05

Daytime Phone #

(407) 331-4300

Typed or printed name of signing Managing Member/Manager

Michael E. Murray, Manager

CR2E041 (10/02)