

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

00 NOV 14 AM 11:05

DOCUMENT #

L99-4650

1. Limited Liability Company's Name

Robert J. Hogan, M.D., P.L.C.

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-11/28/00--010950003
*****50.00 *****50.00

2. Principal Office Address

563 E. Franklin St.

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 1541

Suite, Apt. #, etc.

City & State

Lake City, FL

Zip
32055

Country
USA

City & State

Lake City, FL

Zip
32056

Country
USA

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

☒ 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

Robert J. Hogan, M.D., P.L.C.

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

563 East Franklin Street

Suite, Apt. #, Etc.

City

Lake City

State

FL

Zip Code

32055

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

Robert J. Hogan
REGISTERED AGENT MUST SIGN

Date 10-23-00

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
MEMBER	Robert J. Hogan	563 E. Franklin St.	Lake City, FL 3

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

Robert J. Hogan

Date 10-23-00

Daytime Phone # 904-961-9898

Typed or printed name of signing Managing Member/Manager

Robert J. Hogan, M.D.