

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenn E. Hood
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L99000007988

Name and Mailing Address

03 DEC 11 PM 1:17

0017627 01 FP 0.352 **PRSR T4 0 0615 33603

BUFFALO CENTER I, L.L.C.
701 W. MARTIN LUTHER KING JR. BLVD STE 4
TAMPA FL 33603



REINSTATEMENT

2003

CR2E084 (7/03)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/19/1999

Principal Place of Business

701 W. MARTIN LUTHER KING JR.
TAMPA FL 33603

3. New Principal Place of Business Address

BLVD STE 4

City, State, Zip

6. FEI Number

59-2762338

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

DIWADKAR, VIJAY M.D.
701 W. MARTIN LUTHER KING JR. BLVD SUITE 4
TAMPA FL 33603

9. Name and Address of New Registered Agent

Name

CRUZ, CEASER, MD

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

701 W. M.L. King Blvd., #6

Tampa

City

FL

Zip Code

33603

10. 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

[Signature]

REGISTERED AGENT MUST SIGN

Date

11/10/03

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	CRUZ, CEASER MD	701 W. MARTIN LUTHER KING BLVD. #6	TAMPA FL 33603
MGRM	DIWADKAR VIJAY, MD	701 W. MARTIN LUTHER KING BLVD., #3	TAMPA FL 33603
MGRM	DAVE, N.B. MD	701 W. MARTIN LUTHER KING BLVD., #4	TAMPA FL 33603
<div>REINSTATEMENT</div> <div>2003</div> <div>900024703199</div> <div>11/14/03--01026--004 **150.00</div>			

12. 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

[Signature]

Date

11/10/03

Daytime Phone #

(813) 237-1106

Typed or printed name of signing Managing Member/Manager