

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

02 JAN -4 PM 12:55

DOCUMENT # L 99000008813

1. Limited Liability Company's Name

Richard S. Matthews, Jr. M.D., P.L.

2. Principal Office Address

1337 Country Club Rd
Suite, Apt. #, etc.

3. Mailing Office Address

Same
Suite, Apt. #, etc.

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/97

6. FEI Number

59-3470800

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required
for a Certificate of Status

City & State

Gulf Breeze, FL

City & State

Zip Country

32563 USA

Zip Country

8. Name and Address of Current Registered Agent

Name

Richard S. Matthews, Jr, MD

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

1337 Country Club Rd.

Suite, Apt. #, Etc.

City

Gulf Breeze, FL 32563

State
FL

Zip Code

32563

300004768513-3
-01/11/02--01026--019
****155.00 ****155.00

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

Richard S. Matthews, Jr, MD, PL

Date 12/31/01

REGISTERED AGENT MUST SIGN

CUS

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	Richard S. Matthews, Jr, MD	1337 Country Club Rd.	Gulf Breeze, FL, 32563
			Reim 100
			OBR 50
			CUS 5 155.00 155.00

REINSTATEMENT 2001

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

Richard S. Matthews, Jr, MD

Date

12/31/01

Daytime Phone #

850-934-3337

Typed or printed name of signing Managing Member/Manager

Richard S. Matthews, Jr, MD,