

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.

City & State

Gulf Breeze, FL

Zip Country

32563 USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip Country

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

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.

300004768513-3

-01/11/02--01026--019

Suite, Apt. #, Etc.

****155.00 ****155.00

City

Gulf Breeze, FL 32563

State
 FL

Zip Code

32563

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

CUS

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
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,

CR2E041 (9/01)