

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

L99000008813

02 NOV -4 AM 10:46

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. DOCUMENT # L99000008813

Name and Mailing Address

0009666 01 FP 0.352 **PSRT H3 0 0615 32563-345137



RICHARD S. MATTHEWS, JR., M.D., P.L.
1337 COUNTRY CLUB ROAD
GULF BREEZE FL 32563-3451

MMJ



11/4 2002

CF2E084 (8/02)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/01/2000	
Principal Place of Business 1337 COUNTRY CLUB ROAD GULF BREEZE FL 32561	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3470800	Applied For Not Applicable
8. Name and Address of Current Registered Agent MATTHEWS, RICHARD S JR. MD. 1337 COUNTRY CLUB ROAD GULF BREEZE FL 32563		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent MATTHEWS, RICHARD S JR. MD. 1337 COUNTRY CLUB ROAD GULF BREEZE FL 32563		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 Richard S Matthews, Jr MD Date 10/29/02
REGISTERED AGENT MUST SIGN

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
MGR	MATTHEWS, RICHARD S	1337 COUNTRY CLUB ROAD	GULF BREEZE FL 32563

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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 Richard S Matthews, Jr MD Date 10/29/02 Daytime Phone # 850-934-3337

Typed or printed name of signing Managing Member/Manager Richard S. Matthews Jr MD