

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

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

MJM



11/4 2002

2. New Mailing Address

City, State, Zip

Principal Place of Business

1337 COUNTRY CLUB ROAD
GULF BREEZE FL 32561

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

01/01/2000

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

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

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
REGISTERED AGENT MUST SIGN

Date

10/29/02

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

800008775738
11/04/02--01018--006 **155.00

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

CR2E084 (8/02)