

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



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

FILED
03 OCT 29 PM 5:19
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. **DOCUMENT #** L99000009124

Name and Mailing Address

0010284 01 AT 0.292 **AUTO T7 3 0615 33782-452725

ROBERT R. MILES, D.O., P.L.

8625 66TH STREET NORTH

PINELLAS PARK FL 33782-4527

MJH



10/29 2003

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/22/1999	
Principal Place of Business 8625 66TH STREET NORTH PINELLAS PARK FL 33782	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 59-3623361	Applied For Not Applicable
8. Name and Address of Current Registered Agent MILES, ROBERT R D.O. 8625 66TH STREET NORTH PINELLAS PARK FL 33782		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
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 <i>[Signature]</i> Date _____ 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
MGRM	MILES, ROBERT D.O.	8625 66TH STREET NORTH	PINELLAS PARK FL 33782
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 <i>[Signature]</i> Date 10/17/03 Daytime Phone (727) 541-3507 Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)

REINSTATEMENT 2003

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