

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

1082
FILED

03 OCT 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L99000009403

Name and Mailing Address

0002128 01 AT 0.292 **AUTO TO 0 0615 32308-530701



MORALES & HALL, P.L.
2001 MICCOSUKEE ROAD
TALLAHASSEE FL 32308-5307



2. New Mailing Address

City, State, Zip

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida 12/30/1999

Principal Place of Business
2001 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number
59-3556214

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

HALL, LEATON H JR, MD
2001 MICCOSUKEE ROAD
TALLAHASSEE FL 32308

9. Name and Address of New Registered Agent

Name

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

800024294498
10/30/03--01058--022 **50.00

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

SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date

10/27/03

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	HALL, LEATON H JR., MD	2001 MICCOSUKEE ROAD	TALLAHASSEE FL 32308
MGRM	MORALES, BERT M.D.	2001 MICCOSUKEE ROAD	TALLAHASSEE FL 32308

REINSTATEMENT 03
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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

SIGNATURE REQUIRED

Date

10/28/03

Daytime Phone #

880 778 5151

Typed or printed name of signing Managing Member/Manager

202

BERT MORALES, M.D., FACOG
LEATON H. HALL JR, M.D., FACOG

Obstetrics and Gynecology
2001 Miccosukee Road
Tallahassee, Florida 32308
(850) 878-5151

10/27/03

Dear Sir/Madam:

Dr. Morales + I never received
the letter stating our renewal
fee was due. I talked with
Gretchen on 10/27/03 and she said to
send \$50⁰⁰ and the letter for
confirmation to continue our corporation.
Thank you.

J. Hall