

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 FEB 26 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M01000000448

1. Limited Liability Company's Name

Advanced Laser Clinics of Tampa Bay, LLC

2. Principal Office Address

3450 E. Fletcher Ave.

Suite, Apt. #, etc.

Suite 330

City & State

Tampa FL

Zip

33613

Country

US

3. Mailing Office Address

2780 E. Fowler

Suite, Apt. #, etc.

Suite 228

City & State

Tampa, FL

Zip

33612

Country

US

4. State/Country of Formation

Washington

5. Date Organized or Qualified

To Do Business in Florida 2/27/01

6. FEI Number

91-2101062

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

JAMES A. GREER

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

2780 E. Fowler

Suite, Apt. #, Etc.

228

City

Tampa

State

FL

Zip Code

33612

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

James A. Greer

REGISTERED AGENT MUST SIGN

Date

2/20/2004

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
Sec. / MGRM	Deborah Parker	103 Woodstock Dr	Florence, AL 35630
MGRM	JAMES A. GREER	2780 E. Fowler # 228	Tampa, FL 33612
PMGRM			
Pres			

REINSTATEMENT

03-04
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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

James A. Greer

Date

2/20/2004

Daytime Phone #

817-366-1450

Typed or printed name of signing Managing Member/Manager

JAMES A. GREER

CR2E041 (10/02)