

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 30 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** M02000001714

Name and Mailing Address

0003964 01 AT 0.292 **AUTO T6 0 0615 32836-586115



GYNECOLOGICAL SOCIETY FOR UTERINE DISORDERS, LLC
10815 BOCA POINTE DRIVE
ORLANDO FL 32836-5861



2. **New Mailing Address**

City, State, Zip

Principal Place of Business

10815 BOCA POINTE DRIVE
ORLANDO FL 32836-5861

3. **New Principal Place of Business Address**

City, State, Zip

4. **State/Country of Formation**

GA

5. **Date Organized or Qualified
To Do Business in Florida**

06/28/2002

6. **FEI Number**

58-2594557

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**

MCCARUS, STEVEN D
10815 BOCA POINTE DRIVE
ORLANDO FL 32836-5861

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

[Signature]

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10/26/03

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	MCCARUS, STEVEN D	10815 BOCA POINTE DRIVE	ORLANDO FL 32836-5861

200024267062
10/30/03--01011--006 **150.00

REINSTATEMENT

[Signature]

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]

SIGNATURE REQUIRED

Date 10/26/03

Daytime Phone #

407 808 5600

Typed or printed name of signing Managing Member/Manager

CR2E034 (7/03)