


2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT # M06000002389		
1. Entity Name CORY LAKE ISLES PROFESSIONAL CENTER, LLC		


Principal Place of Business 1200 CORY LAKE BLVD. TAMPA, FL 33647	Mailing Address 1200 CORY LAKE BLVD. TAMPA, FL 33647
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2. Principal Place of Business - No P.O. Box # 10335 CROSS CREEK BLVD. Suite, Apt. #, etc. #28 City & State TAMPA, FL Zip 33647		3. Mailing Address 10335 CROSS CREEK BLVD. Suite, Apt. #, etc. #28 City & State TAMPA, FL Zip 33647		Country USA
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FILED

2007 DEC -5 A 11: 56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

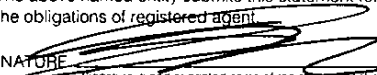


11282007 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-4672521	Applied For <input type="checkbox"/> Not Applicable
5. Certificate or Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent BROWNLEE, HUNTER J ESQ FOWLER WHITE BOGGS BANKER P.A. 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name EUGENE E. THOMASON Street Address (P.O. Box Number is Not Acceptable) 10335 CROSS CREEK BLVD. #28 City TAMPA FL Zip Code 33647	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

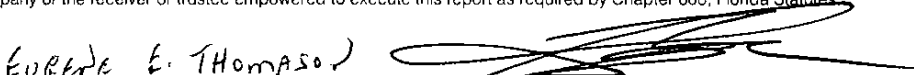
SIGNATURE  DATE 11/27/07

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00 After January 1, 2008, Fee will be \$100.00	In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMASON, LLC 1200 CORY LAKE BLVD. TAMPA, FL 33647 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10335 CROSS CREEK BLVD. #28
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600112787226 12/03/07--01059--008 **55.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE 11/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE