

# 2007 LIMITED LIABILITY COMPANY REINSTATEMENT

<b>DOCUMENT # M06000002389</b> 1. Entity Name <b>CORY LAKE ISLES PROFESSIONAL CENTER, LLC</b>	
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FILED

2007 DEC -5 A 11: 56

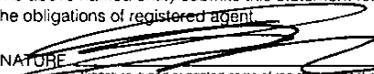
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>1200 CORY LAKE BLVD. TAMPA, FL 33647</b>	Mailing Address <b>1200 CORY LAKE BLVD. TAMPA, FL 33647</b>
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2. Principal Place of Business - No P.O. Box # <b>10335 CROSS CREEK BLVD., Suite, Apt. #, etc. #28</b> City & State <b>TAMPA, FL</b> Zip <b>33647</b>	3. Mailing Address <b>10335 CROSS CREEK BLVD., Suite, Apt. #, etc. #28</b> City & State <b>TAMPA, FL</b> Zip <b>33647</b>	4. FEI Number <b>20-4672521</b>
Country <b>USA</b>	Country <b>USA</b>	5. Certificate or Status Desired <input checked="" type="checkbox"/> <b>REIN-LLC</b> <input type="checkbox"/> <b>CR2E101 (1/07)</b> Applied For <input type="checkbox"/> <b>Not Applicable</b>

6. Name and Address of Current Registered Agent  <b>BROWNLEE, HUNTER J ESQ FOWLER WHITE BOGGS BANKER P.A. 501 EAST KENNEDY BLVD. SUITE 1700 TAMPA, FL 33602</b>	7. Name and Address of New Registered Agent Name <b>EUGENE E. THOMASON</b> Street Address (P.O. Box Number is Not Acceptable) <b>10335 CROSS CREEK BLVD. #28</b> City <b>TAMPA</b>
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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.

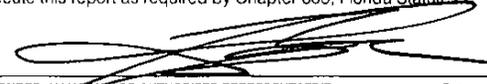
SIGNATURE:  DATE: 11/27/07

(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$50.00</b> 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 <b>Florida Department of State</b>
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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	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 **\$5.00
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: EUGENE E. THOMASON  DATE: 11/27/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

REINSTATEMENT

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