

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

REINSTATEMENT 2001

FILED

01 OCT 24 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000011275

1. Limited Liability Company's Name

GEORGIANNA WALKER
SORENSEN, PH.D., P.L.C.

700004661547--5
-10/31/01--01075--021
***\$150.00 ***\$150.00

2. Principal Office Address

237 E. PARK AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

237 E. PARK AVE.

Suite, Apt. #, etc.

City & State

LAKE WALES, FL

City & State

LAKE WALES, FL

Zip

Country

33853

Zip

Country

33853

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1-1-01

6. FEI Number

59-3682251

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

GEORGIANNA W. SORENSEN, PH.D.

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

237 E. PARK AVE

Suite, Apt. #, Etc

City

LAKE WALES

State
FL

Zip Code

33853

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

Georganna W. Sorensen Ph.D. P.L.C. 10/18/01
REGISTERED AGENT MUST SIGN

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

MANGR GEORGIANNA W. SORENSEN 237 E. PARK AVE. LAKE WALES, FL 33853

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

Georganna W. Sorensen 10/18/01 Daytime Phone # (863) 676-4700

Typed or printed name of signing Managing Member/Manager

GEORGIANNA W. SORENSEN

CR2E041 (9/01)