

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

4209

FILED

03 DEC 17 AM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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12/17/03--01061--027 \*\*200.00

DOCUMENT # L000000004209

1. Limited Liability Company's Name

ASPEGAR, LLC

2. Principal Office Address

175 MANDALAY RD

Suite, Apt. #, etc.

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

PUNTA GORDA, FL

City & State

SAME

Zip

33950

Country

US

Zip

SAME

Country

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

04/10/2000

6. FEI Number

65-1019907

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

JOSE GARCIA

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

175 MANDALAY RD

Suite, Apt. #, Etc.

City

PUNTA GORDA

State

FL

Zip Code

33950

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

X [Signature]

REGISTERED AGENT MUST SIGN

Date

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
MGRM	JOSE GARCIA, MD	175 MANDALAY RD	PUNTA GORDA, FL 33950
MGRM	MARK ASPERILIA, MD	3360 TAMiami TR	PORT CHARLOTTE, FL 33952

REINSTATEMENT THOMAS [Signature]

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

X [Signature]

Date

Daytime Phone # 941-613-1700

Typed or printed name of signing Managing Member/Manager

JOSE GARCIA

CR2041 (10/02)