

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR
REINSTATEMENT



Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

AND
FILED

02 OCT 29 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L00000005386

Name and Mailing Address

0010379 01 FP 0.352 **PRSRT H8 0 0615 34652-511930



VINCENT J. MONTICCILO, D.D.S. LIMITED LIABILITY COMPANY
4530 GRAND BLVD.
NEW PORT RICHEY FL 34652-5119

REINSTATEMENT 2002



2. New Mailing Address

City, State, Zip

Principal Place of Business

4530 GRAND BLVD.
NEW PORT RICHEY FL 34652

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

05/05/2000

6. FEI Number

59-3567826

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent

MONTICCILO, VINCENT J
4530 GRAND BLVD.
NEW PORT RICHEY FL 34652

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

REGISTERED AGENT MUST SIGN

Date 10/15/02

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
P	MONTICCILO, VINCENT J	1238 GREYBROOK PLACE	OLDSMAR FL 34677

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10/29/02--01069--003 **150.00

TB

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

Date 10/15/02

Daytime Phone # 727-849-4046

Typed or printed name of signing Managing Member/Manager

Vincent J Monticciolo DDS MBA