

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM:

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

01 NOV 28 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L-9344**

1. Limited Liability Company's Name

Dental Defense Specialists, LLC

100004717671--3

-12/10/01--01119--025

****150.00 ****150.00

2. Principal Office Address

3100 Sw College Rd

Suite, Apt. #, etc.

102

City & State

Ocala FL

Zip

34474

Country

US

3. Mailing Office Address

3100 Sw College Rd

Suite, Apt. #, etc.

102

City & State

Zip

34474

Country

US

4. State/Country of Formation

US

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number

59-3688371

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

Alex M. Gluhareff DOS

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

3100 Sw College Rd #102

Suite, Apt. #, Etc.

102

City

Ocala

State

FL

Zip Code

34474

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

REGISTERED AGENT MUST SIGN

Date **11/20/**

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
President	Alex M. Gluhareff	3100 Sw College Rd #102	Ocala FL 34474

REINSTATEMENT

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

Date **11-2-01**

Daytime Phone # **352-237-7241**

Typed or printed name of signing Managing Member/Manager

Alex M. Gluhareff

CR2E041 (9/01)