

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**

OCT 26 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L00000010736**

**1. Limited Liability Company's Name**

Frates & Smith, P.L.C.

**2. Principal Office Address**

101 E. Kennedy Blvd

Suite, Apt. #, etc.

#1800

City & State

Tampa, FL

Zip

33602

Country

USA

**3. Mailing Office Address**

101 E. Kennedy Blvd

Suite, Apt. #, etc.

#1800

City & State

Tampa, FL

Zip

33602

Country

USA

**4. State/Country of Formation**

Florida

**5. Date Organized or Qualified  
To Do Business in Florida**

9/5/2000

**6. FEI Number**

59-3671671

☒ Applied For

☐ Not Applicable

**7. CERTIFICATE OF STATUS DESIRED** ☐

\$300 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

William Kalish, Esq.

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

101 E. Kennedy Blvd.

Suite, Apt. #, Etc.

#4100

City

Tampa

State

FL

Zip Code

33602

900004663029--0  
-11/01/01--01064--002  
\*\*\*\*150.00 \*\*\*\*150.00

**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

October 23, 2001

**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
MBRM	William S. Frates, II, PA	3418 Ocean Drive	Vero Beach, FL 32963
MBRM	Smith & Fuller, P.A.	101 E. Kennedy Blvd #1800	Tampa, FL 33602

**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

*[Signature]*

Date

10/23/01

Daytime Phone #

813/221-7171

Typed or printed name of signing Managing Member/Manager

CR2E041 (9/01)