

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2003 NOV 19 AM 9:09

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000002229

Name and Mailing Address

0009603 01 AT 0.292 \*\*AUTO T5 2 0615 33626-511770



MICHAEL S. GERIC, D.M.D., M.S., P.L.  
10870 SHELDON RD  
TAMPA FL 33626-5117



2. New Mailing Address

City, State, Zip

4. State/Country of Formation  
FL

5. Date Organized or Qualified  
To Do Business in Florida 02/07/2001

Principal Place of Business  
10870 SHELDON RD  
TAMPA FL 33626

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number  
59-3707777

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

HINES, JAMES P ESQ.  
C/O HINES NORMAN & ASSOCIATES, P.L.  
315 SOUTH HYDE PARK AVENUE  
TAMPA FL 33606

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

*Michael S. Geric*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 10-25-03

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
MGR	GERIC, MICHAEL S D.M.D.	10870 SHELDON RD	TAMPA FL 33626

400024854864  
11/19/03--01043--006 \*\*150.00

**REINSTATEMENT 2003**

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

*Michael S. Geric*  
**SIGNATURE REQUIRED**

Date

10/20/03

Daytime Phone

(813) 920-7720

Typed or printed name of signing Managing Member/Manager

Michael S. Geric DMD MS