

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT
L01000008158
FILED

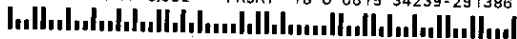
1. DOCUMENT # L01000008158

Name and Mailing Address

02 NOV 13 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0006017 01 FP 0.352 **PRSRT T8 O 0615 34239-291386



LORI A. ABRAMS, DO, FL
1921 WALDMERE STREET
SUITE 711
SARASOTA FL 34239-2913



2. New Mailing Address

1921 Waldmere St Suite 711 B

City: State, Zip
Sarasota FL 34239

Principal Place of Business

1921 WALDMERE STREET
SUITE 711
SARASOTA FL 34239

3. New Principal Place of Business Address

1921 Waldmere St Suite 711 B
City, State, Zip
Sarasota FL 34239

4. State/Country of Formation

FL

5. Date Organized or Qualified To Do Business in Florida

05/22/2001

6. FEI Number

651108205

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

ABRAMS, LORI A
1921 WALDMERE STREET
SUITE 711 B
SARASOTA FL 34239

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box, etc.)

City

FL

Zip Code

REINSTATEMENT 2002

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

[Signature]

REGISTERED AGENT MUST SIGN

Date 10/31/02

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
MGRM	ABRAMS, LORI A	1921 WALDMERE STREET	SARASOTA FL 34239

400008962964
11/13/02--01039--004 **150.00

11/18/02

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

[Signature]

Date

10/31/02

Daytime Phone #

941 953 5340

Typed or printed name of signing Managing Member/Manager

Lori A. Abrams