

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

02 NOV -7 AM 9:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

000008873800
11/07/02--01074--006 **150.00



1117 2002

1. DOCUMENT # L01000015362

Name and Mailing Address

0005881 01 FP 0.352 **PRSR T8 0 0615 34232-641825



COAST SARASOTA CROSSINGS, P.L.
5425 FRUITVILLE ROAD, SUITE 16
SARASOTA FL 34232-6418

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

09/07/2001

Principal Place of Business

5425 FRUITVILLE ROAD, SUITE 16
SARASOTA FL 34232

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

65-1126607

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

ROTH, THOMAS R
2502 ROCKY POINT DRIVE, SUITE 1000
TAMPA FL 33607

9. Name and Address of New Registered Agent

Name

PATRICIA HULE, ESQ.

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

2502 ROCKY POINT DR., STE. 1000

City

TAMPA

FL

Zip Code

33607

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 of Patricia Hule]

Date

REGISTERED AGENT MUST SIGN

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 | COAST DENTAL SERVICES, P.A. | 2501 ROCKY POINT DRIVE, SUITE 1000 | TAMPA FL 33607 |
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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 of Adam Diasti]

Date

11-5-02

Daytime Phone #

813-288-1999

Typed or printed name of signing Managing Member/Manager

ADAM DIASTI D.D.S.

CR2E084 (8/02)