

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

03 OCT 27 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. **DOCUMENT #** L01000016139

Name and Mailing Address

0010194 01 AT 0.292 **AUTO T7 2 0615 33770-302206



SALAH AL-ANDARY, M.D., L.L.C.
1920 WEST BAY DRIVE SUITE 6
LARGO FL 33770-3022



2. **New Mailing Address**

City, State, Zip

Principal Place of Business

1920 WEST BAY DRIVE SUITE 6
LARGO FL 33770

3. **New Principal Place of Business Address**

City, State, Zip

4. **State/Country of Formation**

FL

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

09/19/2001

6. **FEI Number**

59-3746211

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**

ARSENAULT, KENNETH G JR.
10225 ULMERTON ROAD
SUITE 2
LARGO FL 33771

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

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date 10-23-03

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	AL-ANDARY, SALAH MD	2550 STAG RUN BLVD #414 2316 Messenger Circle	CLLEAWATER FL 33705 Safety Harbor, FL 34695

400024171904
10/27/03--01095--017 **150.00

REINSTATEMENT

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dcc

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 REQUIRED

Date

10/23/03

Daytime Phone #

322-589-1344

Typed or printed name of signing Managing Member/Manager

CR2E084 (7/03)