

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



Jim Smith  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 NOV -5 AM 10:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000021709

Name and Mailing Address

0000514 01 FP 0.352 \*\*PRST T2 0 0615 32757-282460



GASTRO-INTESTINAL CONSULTANTS OF CENTRAL FLORIDA, LLC  
2060 N. DONNELLY ST.  
MOUNT DORA FL 32757-2824

300008810879  
11/05/02--01095--005 \*\*150.00



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/14/2001

Principal Place of Business

2060 N. DONNELLY ST.  
MOUNT DORA FL 32757

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

80-0006481

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

KLEISER, CHERI  
206 N. 3RD ST.  
LEESBURG FL 34748

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

*Cheri Kleiser*

Date 10/31/02

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
MGR	Lalbahadur Nagabhairu	2060 N Donnelly St	Mt Dora, FL 32757

REINSTATEMENT 2002

11/6/02

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

*Lalbahadur S. Nagabhairu*

Date 11/1/02

Daytime Phone # (352) 383-7703

Typed or printed name of signing Managing Member/Manager

Lalbahadur Nagabhairu