

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 5:57

1. DOCUMENT # L02000024342
Name and Mailing Address

0015081 01 AS 0.301 **AUTO T6 2 0615 34420-441844



ACE DENTAL HAND PIECE REPAIR LLC
12144 SOUTH HIGHWAY 301
BELLEVIEW FL 34420-4418



2. New Mailing Address 5954 SE 37th AVE City, State, Zip OCALA FL 34480		4. State/Country of Formation FL	
Principal Place of Business 12144 SOUTH HIGHWAY 301 BELLEVIEW FL 34420		5. Date Organized or Qualified To Do Business in Florida 09/18/2002	
3. New Principal Place of Business Address 5954 SE 37th AVE City, State, Zip OCALA FL 34480		6. FEI Number 14-1848622 Applied For Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

SACRIPANTI, DOMINICK J
5954 S.E. 37TH AVENUE
OCALA FL 34480

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)
400025907234

12/31/03--01071--003 **150.00

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

Dominick J Sacripanti
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 12-28-03

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
	Msgr Elizabeth Sacripanti	5954 SE 37th Ave OCALA FL 34480	

REINSTATEMENT

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dec

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

Elizabeth J Sacripanti
SIGNATURE REQUIRED

Date 12-28-03

Daytime Phone # 352 369-8472

Typed or printed name of signing Managing Member/Manager

ELIZABETH J SACRIPANTI