

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # L02000031408**

1. Limited Liability Company's Name

Garrett B Gause MD PL

2. Principal Office Address - No P.O. Box #

1722 Mariner Way

Suite, Apt. #, etc.

City & State

Tarpon Springs FL

Zip

34689

Country

USA

3. Mailing Office Address

1722 Mariner Way

Suite, Apt. #, etc.

City & State

Tarpon Springs, FL

Zip

34689

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

11/21/02

6. FEI Number

45-0493108

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

Name

Garrett B Gause

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

1722 Mariner Way

Suite, Apt. #, Etc.

City

Tarpon Springs

State

FL

Zip Code

34689

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

9. 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

REGISTERED AGENT MUST SIGN

Date June 9, 2009

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip       |
|--------|--------------------------------------|---|--------------------------|
| Dr     | Garrett B Gause                      | 1722 Mariner Way                                  | Tarpon Springs, FL 34689 |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |
|        |                                      |   |                          |

**REINSTATEMENT 07-09**

11. 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

Date 6/9/09

Daytime Phone # 727-492-6691

Typed or printed name of signing Managing Member/Manager Garrett B Gause