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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

CLERK OF THE COURT
STATE OF FLORIDA
Secretary of State
DIVISION OF CORPORATIONS

L02000032187

FILED

1. DOCUMENT # **L02000032187**
Name and Mailing Address

04 FEB -4 AM 10:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0015158 01 AB 0.301 **AUTO T6 3 0615 34479-863525

FAMILY DENTAL CARE AND ORTHODONTICS, LLC
1325 N.E. 42ND STREET
OCALA FL 34479-8635

REINSTATEMENT 2003 - 2004



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 12/02/2002	
Principal Place of Business 1325 N.E. 42ND STREET OCALA FL 34479	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 06-1664667	Applied For Not Applicable
8. Name and Address of Current Registered Agent HOWARD, DAVID 959 N.W. 155TH STREET CITRA FL 32113		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 300025337243 02/04/04--01052--003 **50.00 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 12-2-03 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
Pres.	David R Howard	959 NW 155th St	Citra, FL 32113 300025337243 12/09/03--01010--011 **150.00
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 removed, 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 <i>[Signature]</i> SIGNATURE REQUIRED Date 12-2-03 Daytime Phone # 352-712-4881			
Typed or printed name of signing Managing Member/Manager			

REINSTATEMENT

2003 - 2004

CR2E034 (7/03)