

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
REINSTATEMENT  
L02000032751  
DIVISION OF CORPORATIONS

FILED

03 OCT 21 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L02000032751

Name and Mailing Address

0014464 01 AT 0.292 \*\*AUTO T2 0 0615 34108-282577



SHOWERDENT, LLC  
5550 HERON POINT DR. #1902  
NAPLES FL 34108-2825



2. New Mailing Address

City, State, Zip

Principal Place of Business

5550 HERON POINT DR. #1902  
NAPLES FL 34108

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

12/06/2002

6. FEI Number

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

TROIANO, JOSEPH A  
2320 FIRST ST., STE. 1000  
FT MYERS FL 33901

9. Name and Address of New Registered Agent

Name

JOAN K. PENNETTA

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

5550 HERON POINT DRIVE

City

NAPLES

FL

Zip Code  
34108

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  
JOAN K. PENNETTA  
REGISTERED AGENT MUST SIGN

Date 10/17/03

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	PENNETTA, RICHARD J	5550 HERON POINT DR #1902	NAPLES FL 34108

700023973407  
10/21/03--01082--009 \*\*155.00

REINSTATEMENT

03 CIV  
dcs

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 the company's previous suspension 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

10/17/03

Daytime Phone #

239 498-9222

Typed or printed name of signing Managing Member/Manager

R. J. PENNETTA

CR2E084 (7/03)