

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**L03000008205**

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
04 NOV 17 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L03000008205**

**1. Limited Liability Company's Name**

DR. LAING LLC

*hik*

**2. Principal Office Address**

**7750 Taft St. #4**

Suite, Apt. #, etc.

**3. Mailing Office Address**

**7868 NW 17th Place**

Suite, Apt. #, etc.

City & State

**Pembroke Pines, Fla**

City & State

**Pembroke Pines, Fla**

Zip

**33024**

Country

**USA**

Zip

**33024**

Country

**4. State/Country of Formation**

**Fla.**

**5. Data Organized or Qualified  
To Do Business in Florida**

**3/06/03**

**6. FEI Number**

**43-2011706**

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

**Corporation Service Company**

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

**1201 Hays Street**

Suite, Apt. #, Etc.

City

**Tallahassee**

State  
**FL**

Zip Code  
**32301**

**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

*Susan A. Claul*

REGISTERED AGENT MUST SIGN

Date **11/15/04**

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Charmaine Laing	7868 NW 17th Place	Pembroke Pines, Fla. 33024
MGRM	Dulcine Laing	1418 NE 150 St	North Miami, Fla 33161

**REINSTATEMENT 2004**

**500042845145**

**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

*CL*

Date **11/9/04**

Daytime Phone # **954-249-0050**

Typed or printed name of signing Managing Member/Manager

**Charmaine Laing**

CR2E041 (10/02)



CORPORATION SERVICE COMPANY

# LU30000 08205

ACCOUNT NO. : 072100000032

REFERENCE : 973019 7368736

AUTHORIZATION :

*Patricia Knight*

COST LIMIT : \$ 155.00

ORDER DATE : November 15, 2004

ORDER TIME : 9:52 AM

ORDER NO. : 973019-005

CUSTOMER NO: 7368736

CUSTOMER: Dr. Charmaine P. Laing  
Dr. Charmaine P. Laing  
1418 Ne 150 St

North Miami, FL 33161

*BK*

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: DR. LAING LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY  
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight

EXAMINER'S INITIALS \_\_\_\_\_

RECEIVED  
04 NOV 17 AM 10:28  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA