

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED


2007 AUG 20 AM 10:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300108700353
08/28/07--01018--011 **100.00

CR2E041 (1/07)

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000024921

1. Limited Liability Company's Name

RONALD J. TREVISANI, DMD, PLC

2. Principal Office Address - No P.O. Box #
1410 W. Broadway St.

3. Mailing Office Address
1410 W. Broadway St.

Suite, Apt. #, etc.
Suite 204

Suite, Apt. #, etc.
Suite 204

City & State
Oviedo, FL

City & State
Oviedo, FL

Zip
32765

Country
Seminole

Zip
32765

Country
Seminole

4. State/Country of Formation
Florida

5. Date Organized or Qualified To Do Business in Florida June 30, 2003

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

Name
Alan S. Gassman, Esquire

Street Address (P.O. Box Number is Not Acceptable)
1245 Court Street

Suite, Apt. #, Etc.
Suite 102

City
Clearwater

State
FL

Zip Code
33756

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

Date 8/17/07

REGISTERED AGENT MUST SIGN

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
MGR	Ronald J. Trevisani	2421 Rivertree Circle	Sanford, FL 32771

300108700353
08/28/07--01018--012 **50.00

REINSTATEMENT 05-07

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 8/17/07

Daytime Phone # 727-492-1200

Typed or printed name of signing Managing Member/Manager

Alan S. Gassman, Authorized Representative