

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

172

FILED

09 OCT -8 PM 2:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09022009 REIN-LLC CR2E101 (1/07)

4. FEI Number 20-1335830 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L03000028270**  
1. Entity Name  
ACUPUNCTURE HEALING CENTER, LLC

Principal Place of Business  
1219 EAST AVENUE SOUTH  
SUITE 104  
SARASOTA, FL 34239

Mailing Address  
1219 EAST AVENUE SOUTH  
SUITE 104  
SARASOTA, FL 34239

2. Principal Place of Business - No P.O. Box #  
2020 Rose St.  
Suite, Apt. #, etc.  
Suite A.  
City & State  
SARASOTA FL  
Zip  
34239 Country  
USA

3. Mailing Address  
2020 Rose St.  
Suite, Apt. #, etc.  
Suite A.  
City & State  
SARASOTA FL  
Zip  
34239 Country  
USA

6. Name and Address of Current Registered Agent  
DUMAS, SHAUN L. A.P.  
1219 EAST AVENUE SOUTH  
SUITE 104  
SARASOTA, FL 34239

7. Name and Address of New Registered Agent  
Name  
DUMAS, SHAUN L. A.P.  
Street Address (P.O. Box Number is Not Acceptable)  
2020 Rose St.  
Suite A  
City  
SARASOTA FL Zip Code  
34239

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE 9/3/09  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$277.50** In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUMAS, SHAUN L. A.P. 4857 PROCTOR OAKS CT SARASOTA, FL 34233	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DUMAS, SHAUN L., A.P. 2020 Rose St, Suite A. SARASOTA, FL 34239	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200160440652 09/09/09--01019--004 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200160440652 10/12/09--01001--006 **138.75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE SHAUN L. DUMAS DATE 9/3/09 DAYTIME PHONE # 941-256-9500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**REINSTATEMENT 2008-09**

JB



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

272  
FILED  
09 OCT -8 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

September 10, 2009

ACUPUNCTURE HEALING CENTER, LLC  
2020 ROSE ST. SUITE A  
SARASOTA, FL 34239

SUBJECT: ACUPUNCTURE HEALING CENTER, LLC  
Ref. Number: L03000028270

We have received your document for ACUPUNCTURE HEALING CENTER, LLC and your check(s) totaling \$138.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2008 through 2009; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$277.50.

We need an additional check for 138.75

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 509A00029967