

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2004 NOV -4 PM 3:20

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOCUMENT # L03000054947

1. Limited Liability Company's Name

Anthie, LLC

300042474143

11/04/04--01030--019 **150.00

2. Principal Office Address

400 Island Way

Suite, Apt. #, etc.

#202

City & State

Clearwater, Florida

Zip

33767

Country

US

3. Mailing Office Address

400 Island Way

Suite, Apt. #, etc.

#202

City & State

Clearwater, Florida

Zip

33767

Country

US

4. State/Country of Formation

Florida/Pinellas County

5. Date Organized or Qualified
To Do Business in Florida

12/05/03

6. FEI Number

20-0509615

☒ 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

Steven P. Riley, Esquire

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

4805 West Laurel St.

Suite, Apt. #, Etc.

Suite 230

City

Tampa

State

FL

Zip Code

33607

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

REGISTERED AGENT MUST SIGN

Date Nov 26, 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
MGR	Nicholas G. Alexiou, M.D.	400 Island Way #202	Clearwater, Florida 33767
MGR	Anthie Alexiou	400 Island Way #202	Clearwater, Florida 33767

REINSTATEMENT 2004

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 11/1/04

Daytime Phone # (727) 443-3691

Typed or printed name of signing Managing Member/Manager

Nicholas Alexiou MGR

CR2E041 (10/02)