

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY -6 AM 10:29

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L04000044819**

1. Limited Liability Company's Name

TRACY S FANSLER MD LLC

CR2E041 (1/14)

| | | | |
|---|----------------------|---|----------------------|
| 2. Principal Office Address - No P.O. Box # 12955 Seminole Blvd | | 3. Mailing Office Address 13200 72nd Av N | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Largo, FL | | City & State Seminole, FL | |
| Zip 33778 | Country US | Zip 33776 | Country US |

| | |
|--|--|
| 4. State/Country of Formation Florida | |
| 5. Date Organized or Qualified To Do Business in Florida 06/14/2004 | |
| 6. FEI Number 20-1240476 | Applied For <input type="checkbox"/> Not Applicable |
| 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status | |

8. Name and Address of Current Registered Agent

Name
Jim Caniano

Street Address (P.O. Box Numbers Not Acceptable)
2700 East Bay Dr

Suite, Apt. #, Etc.
#202

City
Largo

State
FL

Zip Code
33771

400259903224
05/06/14--01002--028 **733.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent Date **5/1/14**

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

| Titles | Name of Authorized Representatives/Managers | Street Address of Each Authorized Representative/Manager | City / State / Zip |
|--------|---|--|--------------------|
| RA | Jim Caniano | 2700 East Bay Dr, #202 | Largo, FL 33771 |
| P | Tracy S Fansler | 13200 72nd Av N | Seminole, FL 33776 |
| | | | |
| | | | |

11. Email Address **pbsrvc@us.com**

12. I certify that I am an authorized representative/manager of the registrant 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 605.0012, 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. I am aware that false information submitted to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager Date **5/1/14** Daytime Phone # **727-530-1196**

Typed or printed name of signing Authorized Representative/Manager _____

PC 5/13/14