

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

14 MAY -6 AM 10:29

DOCUMENT # L04000044819

1. Limited Liability Company's Name

TRACY S FANSLER MD LLC

2. Principal Office Address - No P.O. Box #

12955 Seminole Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

13200 72nd Av N

Suite, Apt. #, etc.

City & State

Largo, FL

City & State

Seminole, FL

Zip

33778

Country

US

Zip

33776

Country

US

CR2E041 (1/14)

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

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

Jim Caniano

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

2700 East Bay Dr

Suite, Apt. # Etc.

#202

City

Largo

State

FL

Zip Code

33771

400259903224
05/06/14--01002--028 **793.75

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

[Signature]

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/employer to execute this application as provided for in Chapter 605, 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

[Signature]

Date 5/1/14

Daytime Phone #

727-530-1196

Typed or printed name of signing Authorized Representative/Manager

PC 5/13/14