

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000062045

1. Limited Liability Company's Name

David P Purpora MD, PLC

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

35 Watergate Drive

Suite, Apt. #, etc.

Unit 801

City & State

Sarasota FL 34236

Zip

Country

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

08/20/04

6. FEI Number

20-1528705

☐ 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 **David P Purpora**

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

35 Watergate Drive

Suite, Apt. #, Etc.

Unit 801

City

Sarasota

State

FL

Zip Code

34236

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

David P. Purpora
REGISTERED AGENT MUST SIGN

Date

09/23/2010

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	David P Purpora	35 Watergate Drive Unit 801	Sarasota FL 34236

REINSTATEMENT - 09-10

11. E-mail Address:

(To be used for future annual report notifications)

12. 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

David P. Purpora
Date

Daytime Phone #

941-951-1061

Typed or printed name of signing Managing Member/Manager

C.S.