

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 JUL -2 PM 1:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000069134

1. Limited Liability Company's Name

Dr. Thomas Butera, DVM, LLC

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

10 Mountain Ledge Drive

Suite, Apt. #, etc.

3. Mailing Office Address

10 Mountain Ledge Drive

Suite, Apt. #, etc.

City & State

Wilton, NY

City & State

Wilton, NY

Zip

12831

Country

USA

Zip

12831

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

09/21/2004

6. FEI Number
201626406

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
Lance Sprinkle

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

12232 Little Road

Suite, Apt. #, Etc.

City
HudsonState
FLZip Code
34667☒ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Date 06/27/08

REGISTERED AGENT MUST SIGN

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
MGRM	S. Thomas Butera	17 San Gabriel Lane	Palm Coast, FL 32137

REINSTATEMENT 06-08

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

6/27/08

Daytime Phone # 386-246-9813

Typed or printed name of signing Managing Member/Manager