

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L04000072221

1. Limited Liability Company's Name

Moscow Chiropractic, LLC

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

11215 Park Blvd

Suite, Apt. #, etc.

3. Mailing Office Address

11215 Park Blvd

Suite, Apt. #, etc.

City & State

Seminole, FL

City & State

Seminole, FL

Zip

33772

Country

Zip

33772

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

10/05/2004

6. FEI Number

201781179

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

Jeffrey Moscow, Dr.

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

11215 Park Blvd

Suite, Apt. #, Etc.

City

Seminole

State

FL

Zip Code

33772

☒ 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

REGISTERED AGENT MUST SIGN

Date

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	Jeffrey Moscow, Dr	11215 Park Blvd	Seminole, FL 33772
			LS
			REINSTATEMENT
			400111993754
			11/05/07-01027-003 **105.00

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 **11/1/07**

Daytime Phone # **727-395-0808**

Typed or printed name of signing Managing Member/Manager

Dr. Jeffrey Moscow