

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

DOCUMENT # **LO5000031249**

1. Limited Liability Company's Name

**STAR DENTAL LLC**

2008 SEP 23 P 1:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E041 (12/07)

<b>2. Principal Office Address - No P.O. Box #</b> 4501 SEMORAN BLVD Suite, Apt. #, etc. #3 City & State ORLANDO, FL Zip 32822		<b>3. Mailing Office Address</b> 4501 SEMORAN BLVD Suite, Apt. #, etc. #3 City & State ORLANDO, FL Zip 32822	
Country USA		Country USA	

<b>4. State/Country of Formation</b> FLORIDA	
<b>5. Date Organized or Qualified To Do Business in Florida</b> 03/30/2005	
<b>6. FEI Number</b> 20-2638572	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>7. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <b>\$5.00 Additional Fee required for a Certificate of Status</b>	

<b>8. Name and Address of Current Registered Agent</b>		
Name MIRTHA VALDES MARTIN CPA		
Street Address (P.O. Box Number is Not Acceptable) 420 S COUNTRY CLUB ROAD		
Suite, Apt. #, Etc.		
City LAKE MARY	State FL	Zip Code 32746

☒ 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 9/19/2008

**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	GERMAN GAITAN	4501 SEMORAN BLVD #3	ORLANDO, FL 32822

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**REINSTATEMENT** 07-08

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 9/19/2008

Daytime Phone # 407.321.3554

Typed or printed name of signing Managing Member/Manager **GERMAN GAITAN**