

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 SEP -1 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000062886

1. Limited Liability Company's Name

JODY M MAIDEN DDS LLC

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

2201 4TH ST. N.

Suite, Apt. #, etc.

SUITE C

City & State

ST. PETERSBURG, FL

Zip

33704

Country

PINELLAS

3. Mailing Office Address

2201 4TH ST. N.

Suite, Apt. #, etc.

SUITE C

City & State

ST. PETERSBURG

Zip

33704

Country

PINELLAS

CR2E041 (10/08)

4. State/Country of Formation

5. Date Organized or Qualified
To Do Business in Florida

07/01/05

6. FEI Number

203032664

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

JODY M MAIDEN

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

2201 4TH ST. N

Suite, Apt. #, Etc.

SUITE C

City

ST. PETERSBURG, FL

State

FL

Zip Code

33704

☐ 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

Jody M Maiden

REGISTERED AGENT MUST SIGN

Date 8-24-09

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	JODY M MAIDEN	2201 4TH ST. N. SUITE C	ST. PETERSBURG, FL

REINSTATEMENT 07-09

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

Jody M Maiden

Date

8-24-09

Daytime Phone #

727-823-2007

Typed or printed name of signing Managing Member/Manager