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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6384

From:

Account Name : GASSMAN, CROTTY & DENICOLO, P.A.
Account Number : 075350000514
Phone : (727)442-1200
Fax Number : (727)443-5829

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Email Address: _____

LIMITED LIABILITY REINSTATEMENT

M.G.S., L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	$516.25

PLEASE SEE ATTACHED ARTICLES OF AMENDMENT FILING FOR NAME CHANGE UNDER FAX AUDIT #H22000032500 3 TO BE FILED SIMULTANEOUSLY WITH THIS REINSTATEMENT FILING

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L05000065916

1. Limited Liability Company's Name
M.G.S., L.L.C.

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1217 EWING AVENUE	1217 EWING AVENUE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CLEARWATER, FL	City & State: CLEARWATER, FL
Zip: 33756 / Country	Zip: 33756 / Country

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 07/01/2005

6. FEI Number: 20-3216915 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $2.00 Additional Fee required for a certificate of status

8. Name and Address of Current Registered Agent

Name: ALAN S. GASSMAN, ESQ.

Street Address (P.O. Box Number is Not Acceptable) Suite,
1245 COURT STREET

Apt. #, Etc.

City: CLEARWATER | State: FL | Zip Code: 33756

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent _____ Date 01/25/2022

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	CESAR A. LARA, M.D.	1217 EWING AVENUE	CLEARWATER, FL 33756

11. E-mail Address: clara@cesarlaramd.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member _____ Date 01/25/2022 Daytime Phone # 727-442-1200 x. 400

Typed or printed name of signing authorized representative/member ALAN S. GASSMAN, Authorized Representative