

1/25/22, 2:28 PM

L05000065916

Florida Department of State
Division of Corporations
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(((I-22000032491 3)))



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To:

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

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.
Account Number : 07535000514
Phone : (727)442-1200
Fax Number : (727)443-5829

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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LIMITED LIABILITY REINSTATEMENT

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

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

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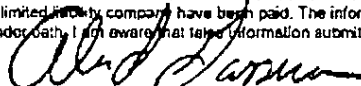
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LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L05000065916 1. Limited Liability Company's Name M.G.S., L.L.C.			
2. Principal Office Address - No P.O. Box # 1217 EWING AVENUE State, Apt. #, etc. City & State CLEARWATER, FL Zip Country 33756		3. Mailing Office Address 1217 EWING AVENUE State, Apt. #, etc. City & State CLEARWATER, FL Zip Country 33756	
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 ☐ \$5.00 Additional Fee required for a certificate of status		CR2ED41 (1/14)	
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 State Zip Code CLEARWATER FL 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			