

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

12 JUL 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L 05000079150

1. Limited Liability Company's Name

John P. Landi M.D. LLC

CR2E041 (1/11)

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

20 10th St No

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Naples

City & State

FL

Zip

34102

Country

USA

Zip

34102

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified
To Do Business in Florida

2005

6. FEI Number

80-0827708

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 Phyllis Landi

Street Address (P.O. Box Number is Not Acceptable)
20 10th St No

Suite, Apt. #, Etc.

City

Naples

State

FL

Zip Code

34102

E-mail Address:

700237035267
07/02/12--01033--007 **655.00

(To be used for future annual report notices)

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

Phyllis Landi

Date

REGISTERED AGENT MUST SIGN

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
<u>Mgr.</u>	<u>Phyllis Landi</u>	<u>20 10th St No</u>	<u>Naples FL 34102</u>

REINSTATEMENT-2009-2012

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. 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 Managing
Member/Manager

Phyllis Landi

Date

6/26/12

Daytime Phone #

239-403-0800

Typed or printed name of signing Managing Member/Manager

CL

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12 JUL 10 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date: June 26, 2012

To: Florida Department of State
Secretary of State

From: John P. Landi, M.D.

Re: John P. Landi, MD, LLC

To Whom It May Concern:

Attached is our reinstatement for John P. Landi, M.D. LLC. We do have another corporation called John P. Landi, M.D. Inc. We are one in the same person. So can you please reinstate the attached application. Both corporations have different EIN numbers. Enclosed is a check for \$655.00 for the reinstatement.

Thank you for your cooperation.

Phyllis Landi, Pres

Phyllis Landi, Pres
John P. Landi, M.D. Inc.

Phyllis Landi, Mgr.

Phyllis Landi, Mgr.
John P. Landi, M.D. LLC