

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
09 JAN -8 PM 2:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **LOS000098705**

1. Limited Liability Company's Name

David S. Massias, PLLC

CR2E041 (10/08)

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

1910 NW 112 Drive

Suite, Apt. #, etc.

3. Mailing Office Address

1910 NW 112 Drive

Suite, Apt. #, etc.

City & State

Gainesville, FL

City & State

Gainesville, FL

Zip

32606

Country

U.S.

Zip

32606

Country

U.S.

4. State/Country of Formation

Florida / U.S.

5. Date Organized or Qualified
To Do Business in Florida

10-6-2005

6. FEI Number

N/A

☐ 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

David Massias

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

1910 NW 112 Drive

Suite, Apt. #, Etc.

City

Gainesville

State

FL

Zip Code

32606

☐ 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

[Signature]

REGISTERED AGENT MUST SIGN

Date **1-7-09**

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	David Massias	1910 NW 112 Drive	Gainesville, FL 32606

600140059736
01/08/09--01036--006 **\$55.00

REINSTATEMENT **01/07/09**
DB

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

[Signature]

Date **1-7-08**

Daytime Phone # **(352) 317-6504**

Typed or printed name of signing Managing Member/Manager

David Massias