

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L06000016158

1. Limited Liability Company's Name

**SR 39 GROVE, LLC**

2. Principal Office Address - No P.O. Box #  
105 Southern Oaks Dr.

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33563

Country

USA

3. Mailing Office Address  
105 Southern Oaks Dr.

Suite, Apt. #, etc.

City & State

Plant City, Florida

Zip

33563

Country

USA

4. State/Country of Formation  
FLORIDA/USA

5. Date Organized or Qualified  
To Do Business in Florida 02/14/06

6. FEI Number  
20-4520287

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  
TEOFIL KULYK, M.D.

Street Address (P.O. Box Number is Not Acceptable)  
105 SOUTHERN OAKS DRIVE

Suite, Apt. #, Etc.

City  
PLANT CITY

State  
FL

Zip Code  
33563

E-mail Address:

600214422356  
11/17/11--01006--004 \*\*798.75

teo.kulyk@verizon.net

(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

*Teofil Kulyk*  
REGISTERED AGENT MUST SIGN

Date 11/16/11

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
MM	Teofil Kulyk, M.D.	105 Southern Oaks Dr.	Plant City, FL 33563
MM	Gregg W. Gutowski, M.D.	507 Alexander St., W.	Plant City, FL 33563
MM	A. John Saranko, M.D.	507 Alexander St., W.	Plant City, FL 33563

**REINSTATEMENT 2007-2011**

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

*Teofil Kulyk*

Date 11/16/11

Daytime Phone # 813-754-1869

Typed or printed name of signing Managing Member/Manager TEOFIL KULYK, M.D.