

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 MAR 10 AM 10:14

SECRETARY OF STATE
TALLAHASSEE FLORIDA

500145460015
03/10/09--01038--005 **277.50

CR2E041 (10/08)

DOCUMENT # L06000097809

1. Limited Liability Company's Name

THE DENTAL CONSIGNMENT STORE LLC

2. Principal Office Address - No P.O. Box #
17688 SCARSDALE WAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33496

Country
US

3. Mailing Office Address

17688 SCARSDALE WAY

Suite, Apt. #, etc.

City & State

BOCA RATON, FL

Zip
33496

Country
US

4. State/Country of Formation
FL

5. Date Organized or Qualified
To Do Business in Florida **10/06/2006**

6. FEI Number

☒ 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
FREDERIC J NORKIN

Street Address (P.O. Box Number is Not Acceptable)
17688 SCARSDALE WAY

Suite, Apt. #, Etc.

City
BOCA RATON

State
FL

Zip Code
33496

☒ 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]

Date **3/6/09**

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
MGR	FREDERIC J NORKIN	17688 SCARSDALE WAY	BOCA RATON, FL 33496
MGR	CINDY A NORKIN	17688 SCARSDALE WAY	BOCA RATON, FL 33496

REINSTATEMENT 08, 09

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 **3/6/09**

Daytime Phone #

Typed or printed name of signing Managing Member/Manager **FREDERIC J NORKIN**

N. O'Brien

MAR 11 2009