

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2008 OCT 28 A 10:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
CR2E041 (10/08)

FILED

DOCUMENT #

1. Limited Liability Company's Name

KATHLEEN WILLIAMS DMD, LLC

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

11938 COUNTY RD 101

Suite, Apt. #, etc.

SUITE 130

City & State

THE VILLAGES, FL

Zip

32162

Country

USA

3. Mailing Office Address

11938 COUNTY RD 101

Suite, Apt. #, etc.

SUITE 130

City & State

THE VILLAGES, FL

Zip

32162

Country

USA

4. State/Country of Formation

FL/MARION

5. Date Organized or Qualified
To Do Business in Florida

03-08-07

6. FEI Number

26-0256819

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

KATHLEEN WILLIAMS

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

4853 SW 95TH TERRACE

Suite, Apt. #, Etc.

City

GAINESVILLE

State

FL

Zip Code

32608

☒ 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

Kathleen Williams

Date 10/21/08

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
MGRM	KATHLEEN WILLIAMS	4853 SW 95TH TERRACE	GAINESVILLE, FL 32608
	REINSTATEMENT	2008	400137255814 10/24/08-01031-014 **138.75

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

Kathleen Williams

Date 10/21/08

Daytime Phone # 352-391-9930

Typed or printed name of signing Managing Member/Manager

Kathleen Williams