

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

14 JAN 14 AM 9:46

SECRETARY OF STATE
TALLAHASSEE, FL

REINSTATEMENT

CR2E041 (12/13)

12-14

DOCUMENT # L07000077132

1. Limited Liability Company's Name

**COSMETIC AND RESTORATIVE DENTISTRY OF LAKE
MARY, PL**

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

7962 VERSILIA DR

Suite, Apt. #, etc.

3. Mailing Office Address

7962 VERSILIA DR

Suite, Apt. #, etc.

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida
07/26/2007

6. FEI Number

260599267

☐ 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
Alfredo Gapuz

Street Address (P.O. Box Number is Not Acceptable)
7962 Versilia Drive

Suite, Apt. #, Etc.

City
Orlando

State
FL

Zip Code
32836

E-mail Address:

200255619012
01/14/14--01035--015 **516.25

vgracegapuz@gmail.com

(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 605, F.S.

**Signature of
Registered Agent**

Alfredo Gapuz Jr.

Date

1/10/2014

REGISTERED AGENT MUST SIGN

10. Names and Addresses of Each Person Authorized to manage the Limited Liability Company

Titles AMBR/MGR	Name of Authorized Person	Street Address of Each Authorized Person	City / State / Zip
MGR	Alfredo Gapuz	7962 Versilia Drive	Orlando, FL 32836

11. I certify that I am an authorized person empowered to execute this application as provided for in Chapter 605, 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 Chapter 605, 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
Authorized Person**

Alfredo Gapuz Jr.

Date

1/10/2014

Daytime Phone # **407-902-3949**

Typed or printed name of signing Authorized Person **Alfredo Gapuz, Manager**

JAN 14 2014