

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07000102181

1. Limited Liability Company's Name

New Image General Dentistry, P.L.

2. Principal Office Address - No P.O. Box #
1574 East Bloomingdale Ave.

Suite, Apt. #, etc.

City & State
Valrico, FL

Zip
33596

Country
USA

3. Mailing Office Address
1574 East Bloomingdale Ave.

Suite, Apt. #, etc.

City & State
Valrico, FL

Zip
33596

Country
USA

4. State/Country of Formation
Florida

5. Date Organized or Qualified
To Do Business in Florida **10/08/2007**

6. FEI Number
36-4617525

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
Jon Aviles, CPA

Street Address (P.O. Box Number is Not Acceptable)
14452 Bruce B. Downs Blvd.

Suite, Apt. #, Etc.

City
Tampa

State
FL

Zip Code
33613

900191206759
01/13/11--01001--009 **138.75

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 **12/29/10**

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	Luis E. Carrero, DDS	1574 E. Bloomingdale Ave.	Valrico, FL 33596

11. E-mail Address: **jon@cajcpa.com**

(To be used for future annual report notifications)

12. 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 **12/29/10**

Daytime Phone # **813-532-5374**

Typed or printed name of signing Managing Member/Manager



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2011

NEW IMAGE GENERAL DENTISTRY, P.L.
1574 EAST BLOOMINGDALE AVE.
VALRICO, FL 33596

SUBJECT: NEW IMAGE GENERAL DENTISTRY, P.L.
Ref. Number: L07000102181

We have received your document for NEW IMAGE GENERAL DENTISTRY, P.L. and your check(s) totaling \$243.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to reinstate the limited liability company are as follows: \$100.00 reinstatement fee; \$138.75 filing fee per year for the years 2010 through 2011; and \$5.00 for each certificate of status requested (optional). Therefore, the total amount due at this time is \$382.50.

There is a balance due of \$138.75.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 411A00000310