

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L07000111328**

1. Limited Liability Company's Name

**Progressive Dental Management, LLC**

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

**8511 S. Federal Highway**

Suite, Apt. #, etc.

City & State

**Port Saint Lucie, Florida**

Zip

**34952**

Country

**USA**

3. Mailing Office Address

**8511 S. Federal Highway**

Suite, Apt. #, etc.

City & State

**Port Saint Lucie, Florida**

Zip

**34952**

Country

**USA**

4. State/Country of Formation

**Florida**

5. Date Organized or Qualified

To Do Business in Florida **November 2, 1997**

6. FEI Number

**26-1545314**

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

**RUBEN BETOYA**

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

**8511 S. Federal Highway**

Suite, Apt. #, Etc.

City

**Port Saint Lucie, Florida**

State

**FL**

Zip Code

**34952**

☒ 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

REGISTERED AGENT MUST SIGN

Date **10/22/09**

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	Sharyn Cera	3408 SW 34th Avenue	Ft. Lauderdale, Florida 33312
MGRM	Ruben Betoya	8511 S. Federal Highway	Port Saint Lucie, Florida 34952
MGRM	Yajaira Torres	8511 S. Federal Highway	Port Saint Lucie, Florida 34952

**REINSTATEMENT**

**08-09AL**

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

Date

**10/22/09**

Daytime Phone #

**754 246 5674**

Typed or printed name of signing Managing Member/Manager

**Sharyn Cera**