

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L08000056024

1. Limited Liability Company's Name

**David Begleiter M.D., P.L.**

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

**450 Alton Road**

Suite, Apt. #, etc.

**2207**

City & State

**Miami Beach, Florida**

Zip

**33139**

Country

**U.S.A.**

3. Mailing Office Address

**450 Alton Road**

Suite, Apt. #, etc.

**2207**

City & State

**Miami Beach, Florida**

Zip

**33139**

Country

**U.S.A.**

4. State/Country of Formation

**Florida / U.S.A.**

5. Date Organized or Qualified

To Do Business in Florida **6/5/08**

6. FEI Number

**26-2776330**

☒ 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 **David Begleiter M.D.**

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

**450 Alton Road**

Suite, Apt. #, Etc.

**2207**

City

**Miami Beach**

State

**FL**

Zip Code

**33139**

E-mail Address:

**200212955042**  
**10/05/11-01024-009 \*\*\$16.25**

**dbegleiter@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 608, F.S.

Signature of  
Registered Agent

Date

**9/29/11**

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	David Begleiter M.D.	450 Alton Road, Suite 2207	Miami Beach, Florida 33139

**REINSTATEMENT 2009-2011**

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. 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 Managing  
Member/Manager

Date

**9/29/11**

Daytime Phone #

**646-382-7900**

Typed or printed name of signing Managing Member/Manager **David Begleiter, M.D.**

# THE ASSET PROTECTION FIRM

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Managing Member  
Locksley A. Rhoden, Esq.  
J.D., LL.M. in Taxation

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October 3, 2011

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, Florida 32314

**Re: LLC Reinstatement Application for David Begleiter M.D., P.L. (the  
"Company") with Document # L08000056024**

To Whom It May Concern:

On behalf of the Company, enclosed please find a Firm check in the amount of Five Hundred Sixteen Dollars and Twenty Five Cents (\$516.25) for costs to file the enclosed LLC Reinstatement Application certified by managing member of the Company with the Florida Department of State (i.e. note the Firm check is to cover costs for \$100 reinstatement fee plus \$138.75 annual report fee for 2009, 2010 and 2011).

Thank you for expediting the filing of the enclosed LLC Reinstatement Application of the Company. If you need additional information to process this request, please contact me at (305) 965-0635 or [lrhoden@theapfirm.com](mailto:lrhoden@theapfirm.com).

Very truly yours,



Locksley A. Rhoden, Esq.  
For the Firm

Enclosures

cc: David Begleiter,  
Managing Member  
of David Begleiter M.D., P.L.