

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
19 OCT 21 AM 9:12

DOCUMENT # L09000048727

1 Limited Liability Company's Name

PATRICE M. TORRENCE, DPM, LLC

700336075237
10/21/19--01033--019 **238.75

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

330 NW 49th Ave

Suite Apt #, etc

3 Mailing Office Address

330 NW 49th Ave

Suite Apt #, etc

City & State

Plantation, FL

Zip

33317

Country

USA

City & State

Plantation, FL

Zip

33317

Country

USA

8 Name and Address of Current Registered Agent

Name

Patrice M. Torrence

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

330 NW 49th Ave

Apt # Etc

City

Plantation

State

FL

Zip Code

33317

4 State/Country of Formation

Florida / USA

5 Date Organized or Qualified To Do Business in Florida

05-19-2009

6 FEI Number

26-1950204

Applied For

Not Applicable

7 CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

10-16-19

10 Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/Managers	Street Address of Each Authorized Representative/Manager	City / State / Zip
MGR	Patrice M. Torrence	330 NW 49th Ave Plantation, FL 33317	Plantation, FL 33317

11 E-mail Address

torre137@bellsouth.net

(To be used for future annual report notifications)

12 I certify that I am an authorized representative/ manager or the receiver or trustee 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 requirement of section 605.0012, 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 representative/member

Typed or printed name of signing authorized representative/member

Date

10-16-19

Daytime Phone #

954-261-2085

10/24/19
DC