

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

15 APR - 8 AM 8:12

DOCUMENT # L11000044510

1. Limited Liability Company's Name

TALLAHASSEE ORTHODONTICS, P.L.

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

1618 RIGGINS ROAD

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32308

Country

USA

3. Mailing Office Address

140 MERIDIANNA DRIVE

Suite, Apt. #, etc.

City & State

TALLAHASSEE, FLORIDA

Zip

32312

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

04/14/2011

6. FEI Number

45-3773965

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

ROBERT A. PIERCE

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

123 SOUTH CALHOUN STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301-1517

400271551634
04/14/15--01005--026 **138.75

400271551634
04/08/15--01008--012 **238.75

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

Robert A. Pierce

Date 04/07/2015

REGISTERED AGENT MUST SIGN

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	GOLTZ, PETER J.	140 MERIDIANNA DRIVE	TALLAHASSEE, FL 32312

RECEIVED
DEPARTMENT OF STATE
15 APR - 8 AM 11:37

11. E-mail Address: goltzj1@gmail.com

(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

Robert A. Pierce

Date

04/07/2015

Daytime Phone #

850-425-5484

Typed or printed name of signing authorized representative/member

Robert A. Pierce, Authorized Representative

K. ASUTON