

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2016 JUL 27 AM 8:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L12000012061

1. Limited Liability Company's Name
DentGel LLC

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

28510 Calabria Court

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34110

Country

USA

3. Mailing Office Address

28510 Calabria Court

Suite, Apt. #, etc.

Suite 201

City & State

Naples, FL

Zip

34110

Country

USA

8. Name and Address of Current Registered Agent

Name

Russ R. Stepke

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

28510 Calabria Court

Apt. # Etc.

Suite 201

City

Naples

State

FL

Zip Code

34110

CR2E041 (1/14)

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida **01/24/2013**

6. FEI Number

45-4371809

Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required for a certificate of status

300288431809
07/27/16--01030--005 **521.25

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

Date **July 21, 2016**

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
Mr.	Russ R Stepke	28510 Calabria Court	Naples, FL 34110

REINSTATEMENT

JUL 27 2016

R. HUNT

11. E-mail Address: **rstepke@lasalleadamscop.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

Date **July 21, 2016**

Daytime Phone # **239-652-9140**

Typed or printed name of signing authorized representative/member **Russ R. Stepke**

312.320.2107