

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM. **FILED**

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

13 NOV 20 PM 2:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L 12000148990**

1. Limited Liability Company's Name

Theriac-Weaverville, LLC

CR2E041 (1/11)

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

6321 Daniels Parkway # 200

Suite, Apt. #, etc.

200

City & State

Fort Myers, Florida

Zip

33912

Country

3. Mailing Office Address

6321 Daniels Parkway

Suite, Apt. #, etc.

200

City & State

Fort Myers, Florida

Zip

33912

Country

4. State/Country of Formation

Florida

5. Date Organized or Qualified

To Do Business in Florida 11-28-2012

6. FEI Number

46-4121923

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

Cathy Newkirk

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

5292 Summerlin Commons Way

Suite, Apt. #, Etc.

1103

City

Fort Myers

State

FL

Zip Code

33907

E-mail Address:

000254067370

cathy@theriacenterprises.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

Cathy Newkirk

REGISTERED AGENT MUST SIGN

Date

11/19/13

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
MGR	TEM, LLC	6321 Daniels Parkway # 200	Fort Myers, Florida 33912

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

Daniel E Dosoretz

Date 11-19-2013

Daytime Phone # 239-936-1904

Typed or printed name of signing Managing Member/Manager Daniel E Dosoretz, Managing Member of TEM, LLC, Manager

K. ASHTON



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 891090 7698889

AUTHORIZATION :

COST LIMIT : \$ 238.75

ORDER DATE : November 19, 2013

ORDER TIME : 3:31 PM

ORDER NO. : 891090-005

CUSTOMER NO: 7698889

DOMESTIC FILINGS

NAME: THERIAC-WEAVERVILLE, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - Ext# 52956

EXAMINER'S INITIALS _____

RECEIVED
DEPARTMENT OF STATE
13 NOV 20 AM 10:23

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