

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

15 SEP 15 PM 12:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

400277086644

DOCUMENT # L13000172645

1. Limited Liability Company's Name

OCEAN DENTAL SALES & SERVICE, LLC

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

6500 Lake Gray Blvd

Suite, Apt. #, etc.

Apt. 423

City & State

Jacksonville, FL

Zip

32244

Country

USA

3. Mailing Office Address

6001-21 ARGYLE FOREST BLVD.

Suite, Apt. #, etc.

#111

City & State

Jacksonville, FL

Zip

32244

Country

USA

CR2E041 (1/14)

4. State/Country of Formation

FL/USA

5. Date Organized or Qualified

To Do Business in Florida: 12/13/2013

6. FEI Number

46-5368772

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

CORPORATION SERVICE COMPANY

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

1201 HAYS STREET

Apt. #, Etc.

City

TALLAHASSEE

State

FL

Zip Code

32301

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

REGISTERED AGENT MUST SIGN

Courtney Williams

Asst. Vice President

Date 09.15.15

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
AMBR	MICHAEL W. HANSEN	6500 LAKE GRAY BLVD, APT 423	JACKSONVILLE, FL 32244

11. E-mail Address. OCEAN.DENTAL.SALES@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 Michael Hansen Date 8-31-15 Daytime Phone # 904-763-2135

Typed or printed name of signing authorized representative/member MICHAEL W. HANSEN

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 766250 7973064

AUTHORIZATION :

COST LIMIT : \$ 377.50

ORDER DATE : August 31, 2015

ORDER TIME : 9:24 AM

ORDER NO. : 766250-010

CUSTOMER NO: 7973064

DOMESTIC FILINGS

NAME: OCEAN DENTAL SALES & SERVICE,
LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____

RECEIVED
2015 SEP 15 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA