

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
14 DEC 17 AM 8:31  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT #**

1. Limited Liability Company's Name

L13000173414

PANTZOULAS ORAL SURGERY, PLLC

CR2E041 (1/14)

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

919 Spring Park Loop

Suite, Apt. #, etc.

City & State

Celebration Florida

Zip

34747

Country

USA

3. Mailing Office Address

919 Spring Park Loop

Suite, Apt. #, etc.

City & State

Celebration Florida

Zip

34747

Country

USA

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

December 16, 2013

6. FEI Number

46-4361751

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

SPIRO J PANTZOULAS

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

919 Spring Park Loop

Suite, Apt. #, Etc.

City

Celebration

State

FL

Zip Code

34747

700267560837  
12/17/14--01030--008 \*\*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

*Spiro Pantzoulas*

REGISTERED AGENT MUST SIGN

Date

12-15-14

**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
mgm	Spiro J Pantzoulas	919 Spring Park Loop	Celebration FL 34747

**REINSTATEMENT**

DEC 17 2014

R. HUNT

11. E-mail Address: pantzoulas@msn.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 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 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of

Authorized Representative/Manager

*Spiro Pantzoulas*

Date

12-15-14

Daytime Phone #

321-332-3987

Typed or printed name of signing Authorized Representative/Manager

Spiro J. Pantzoulas