

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L14 000092129

1. Limited Liability Company's Name

The Center for Neurosurgical Excellence, LLC

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

410 NW 3rd St.

Suite, Apt. #, etc.

Suite 3

City & State

Plantation, FL

Zip

33317

Country

USA

3. Mailing Office Address

Po Box 12225

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

Zip

33312

Country

USA

8. Name and Address of Current Registered Agent

Name

Stacey Castrovinci

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

325 SW 14th Avenue

Apt. #, Etc.

City

Pompano Beach

State

FL

Zip Code

33069

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

Stacey Castrovinci

REGISTERED AGENT MUST SIGN

Date

6/1/16

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
MSR	Stacey Castrovinci	325 SW 14 th Avenue	Pompano Beach, FL 33069
			S. HAWKES
			JUN 2 : A.M.
			EXAMINER

11. E-mail Address:

Stacey.NursingSolutions@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

Stacey Castrovinci

Date

6/1/16

Daytime Phone #

845-406-2334

Typed or printed name of signing authorized representative/member

Stacey Castrovinci

16 JUN 24 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified To Do Business in Florida

6. FEI Number

47-1125466

☐ Applied For

☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required for a certificate of status

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06/24/16--01027--030 **238.75