

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 13, 2022 08:00 AM
Secretary of State

DOCUMENT # L15000204392

1. Limited Liability Company's Name

DAGAT ALON STATION ORIGINAL, LLC

400383449284
05/13/22--01029--015 **1071.25

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #
1821 NE 25th Street

3. Mailing Office Address
2921 NE 47th Street

Suite, Apt. #, etc.
Suite 101

Suite, Apt. #, etc.

City & State
Lighthouse Point, FL

City & State
Lighthouse Point, FL

Zip Country
33064 USA

Zip Country
33064 USA

4. State/Country of Formation
Florida/USA

5. Date Organized or Qualified
To Do Business in Florida 12/08/2015

6. FEI Number ☐ 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
John A. Coats, M.D.

Street Address (P.O. Box Number is Not Acceptable) Suite,
1821 NE 25th Street

Apt. #, Etc.
Suite 101

City State Zip Code
Lighthouse Point FL 33064

SP
2020-2022
8-30-22

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

John A. Coats, M.D.
REGISTERED AGENT MUST SIGN

Date June 7, 2022

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	John A. Coats, M.D.	1821 NE 25th Street, Suite 101	Lighthouse Point, FL 33064

11. E-mail Address:

(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

John A. Coats, M.D.

Date June 7, 2022

Daytime Phone # (954) 815-3037

Typed or printed name of signing authorized representative/member John A. Coats, M.D.