

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

DOCUMENT # L98000001445

1. Limited Liability Company's Name

Ribley Chiropractic Family Center LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Office Address

8525 W. Hillsborough Ave

3. Mailing Office Address

8525 W. Hillsborough Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

TAMPA FL

Zip 33615 **Country** Hillsborough **Zip** 33615 **Country** Hillsborough

4. State/Country of Formation

FLORIDA U.S.A.

**5. Date Organized or Qualified
To Do Business in Florida**

6. FEI Number

59-3536979

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a Certificate of Status

REINSTATEMENT 2001

8. Name and Address of Current Registered Agent

Name

Patty Ribley D.C.

600004686066-8

-11/16/01--01094--005

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

8525 W. Hillsborough Ave

***150.00 ***150.00

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33615

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**

Patty Ribley D.C.

Date

10/29/01

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

Chiro

Patty Ribley

8525 W. Hillsborough Ave

Tampa FL 33615

Chiro

Larry Ribley

8525 W. Hillsborough Ave

Tampa FL 33615

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.

**Signature of
Managing Member/Manager**

Patty Ribley D.C.

Date

10/29/01

Daytime Phone #

(813) 8868824

Typed or printed name of signing Managing Member/Manager