

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

01 MAR 30 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

DOCUMENT # L98000001483

1. Limited Liability Company's Name

JERRY H. ROSENBAUM D.D.S. P.L.

2. Principal Office Address

3037 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

3. Mailing Office Address

3037 E. Commercial Blvd.

Suite, Apt. #, etc.

Suite A

City & State

Ft. Lauderdale, FL

Zip

33308

Country

USA

4. State/Country of Formation

Florida

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

08/18/1998

6. FEI Number

59-1501210

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

American Information Services, Inc.

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

350 E. Las Olas Blvd.

Suite, Apt. #, Etc.

Suite 1600

City

Ft. Lauderdale

State
FL

Zip Code
33301

800003962218--0

04/06/01-01034--008

*****50.00 *****50.00

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

Marla Mayster

Date **3-21-01**

REGISTERED AGENT MUST SIGN Marla Mayster, Asst. Secy.

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
MGR	Jerry H. Rosenbaum	3037 E. Commercial Blvd., Suite A	Ft. Lauderdale, FL 33308
			800003962218--0
			04/06/01-01034--008
			*****150.00 *****150.00
			REINSTATEMENT
			00-01
			dec

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

Jerry H. Rosenbaum

Date **3-26-01**

Daytime Phone # **954 772 3600**

Typed or printed name of signing Managing Member/Manager **Jerry H. Rosenbaum**

CR2E041 (9/00)