

L98000002827

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

03 MAR 23 PM 4:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L98000002827

1. Limited Liability Company's Name

GREENSPOON CONSULTING, LLC

2. Principal Office Address

6865 S. Tropical Trail

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

Country

32952

USA

3. Mailing Office Address

6865 S. Tropical Trail

Suite, Apt. #, etc.

City & State

Merritt Island, FL

Zip

Country

32952

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

11/23/98

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

James H. Fallace

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

1900 S. Hickory Street

Suite, Apt. #, Etc.

Suite A

City

Melbourne

State
FL

Zip Code

32901

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

REGISTERED AGENT MUST SIGN

Date

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	Jeffrey Greenspoon, M.D.	6865 S. Tropical Trail	Merritt Island, FL 32952

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

Date

Daytime Phone # 321-733-3380

Typed or printed name of signing Managing Member/Manager Jeffrey Greenspoon, M.D.

CR2E041 (10/02)