

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA SECRETARY OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 JAN -9 AM 8:49

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 99000001503

1. Limited Liability Company's Name

TORIONBERG ASSOCIATES, L.L.C.

400009982584
01/09/03--01028--017 **305.00

DAJH

2. Principal Office Address

1740 RICHARD PETTY BLVD

Suite, Apt. #, etc.

City & State

DAYTONA BCH FL

Zip

32114

Country

USA

3. Mailing Office Address

1740 RICHARD PETTY BLVD

Suite, Apt. #, etc.

City & State

DAYTONA BCH FL

Zip

32114

Country

USA

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

3/12/1999

6. FEI Number

59-3563237

☒ 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

DALE VEITCH

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

1740 RICHARD PETTY BLVD

Suite, Apt. #, Etc.

City

DAYTONA BCH

State
FL

Zip Code

32114

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

1/7/03

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
MBR	JACQUES R. CAIDWELL MD	1740 RICHARD PETTY BLVD	DAYTONA BCH FL 32114

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

[Signature]

Date

1/7/03

Daytime Phone #

386 257-1276

Typed or printed name of signing Managing Member/Manager

JACQUES R. CAIDWELL, MD

CR2E041 (10/02)