

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 MAY 21 PM 4:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJH

5/21

DOCUMENT # L99000004103

1. Limited Liability Company's Name

Aurora Enterprises, LLC

2. Principal Office Address

243 Maison Court

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

Seminole

3. Mailing Office Address

243 Maison Court

Suite, Apt. #, etc.

City & State

Altamonte Springs, FL

Zip

32714

Country

Seminole

4. State/Country of Formation

FL

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

7/08/1999

6. FEI Number

593586820

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

Luis Guarda, M.D.

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

243 Maison Court

Suite, Apt. #, Etc.

City

Altamonte Springs

State

FL

Zip Code

32714

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

5/12/04

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
MGRM	Luis Guarda, M.D.	243 Maison Court	Altamonte Springs, FL 32714

REINSTATEMENT

**2003-
2004**

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

5/12/04

Daytime Phone # **407-3037683**

407-303-1537

Typed or printed name of signing Managing Member/Manager **Luis Guarda, M.D.**

CR2E041 (10/02)