

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

07 FEB 23 AM 10:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L99000006927

1. Limited Liability Company's Name

Smile Centre's Properties, L.L.C.

2. Principal Office Address - No P.O. Box #

5899 Whitfield Ave.

Suite, Apt. #, etc.

#105

City & State

Sarasota, FL

Zip

34243

Country

USA

3. Mailing Office Address

same

Suite, Apt. #, etc.

same

City & State

same

Zip

same

Country

same

4. State/Country of Formation

Florida, U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

10/21/1999

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

Richard A. Stanley

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

5899 Whitfield Ave.

Suite, Apt. #, Etc.

#105

City

Sarasota

State

FL

Zip Code

34243

☐ A \$100 reinstatement fee is imposed, except
in circumstances which the entity did not
receive the prior notices. By checking this
box, you are certifying the prior notices were
not received and requesting the \$100
reinstatement be waived.

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

Richard A. Stanley

REGISTERED AGENT MUST SIGN

Date 2/18/2007

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	Richard A. Stanley	5899 Whitfield Ave #105	Sarasota, FL 34243
			210099613422
			02/27/07--01055--018 **450.00

REINSTATEMENT 01-07

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

Richard A. Stanley

Date 2/18/07

Daytime Phone # 941-351-4468

Typed or printed name of signing Managing Member/Manager

Richard A. Stanley, D.M.D.