

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



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

02 FEB 13 PM 1:06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000008814

1. Limited Liability Company's Name

SPV, LLC

2. Principal Office Address

4250 ALAFAYA TRAIL

Suite, Apt. #, etc.

180

City & State

DAVENPORT, FL

Zip

32765

Country

USA

3. Mailing Office Address

4250 ALAFAYA TRAIL

Suite, Apt. #, etc.

180

City & State

DAVENPORT, FL

Zip

32765

Country

USA

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

12/15/99

6. FEI Number

59-3370364

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

DAVID R. LACH, DDS

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

4250 ALAFAYA TRAIL

Suite, Apt. #, Etc.

180

City

DAVENPORT

State

FL

Zip Code

32765

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

1/7/02

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) Carlin, Helton and James 32 Valleywood Dr. Davenport, FL 32713

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

1/7/02

Daytime Phone #

4073591960

Typed or printed name of signing Managing Member/Manager

David R. Lach

CR2E041 (9/00)



David R. Lach, D.D.S., M.S., P.A.

Specialist in Orthodontics and Dentofacial Orthopedics  
4250 Alafaya Trail, Suite 180 Oviedo, FL 32765 (407) 359-1960

February 11, 2002

Re: L99000008814  
SPV, LLC Reinstatement

To Whom It May Concern:

An error was made on your end as our application was sent to a person in Coral Springs Florida who called us two weeks ago stating that they had our renewal application and check in their envelope with their renewal forms.

I am not sure what can be done to assure this doesn't happen to anyone else's paperwork. This is unacceptable mismanagement of personal information.

I would expect that the processing of this paperwork would be done in an expeditious manner from this point.

Sincerely,

A handwritten signature in black ink, appearing to read 'Cynthia Hill', written over a large, stylized circular flourish.

Cynthia Hill  
Financial Coordinator





David R. Lach, D.D.S., M.S., P.A.  
Specialist in Orthodontics and Dentofacial Orthopedics  
4250 Alafaya Trail, Suite 180 Oviedo, FL 32765 (407) 359-1960

December 12, 2001

Divisions of Corporations  
Attention: Reinstatement Department  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: SPV, LLC *L99-8814*

To Whom It May Concern:

I am writing to reinstate to active status the SPV, LLC. Per phone conversations on December 12, 2001 fee to reinstate to active status is \$200.00. Enclosed is a check for \$200.00 for immediate reinstatement.

Please adjust our contact information on this account to the following:

Address: 4250 Alafaya Trail Oviedo, FL 32765  
Phone: 407-359-1960

Please expedite reinstatement forms as soon as possible thank you very much.

Sincerely,

David R. Lach  
SPV, LLC

*Attention: Cynthia*

Members  
American Association of  
Orthodontists

