

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

09 JUN 12 AM 6:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000058156

1. Limited Liability Company's Name

Alie Gattis, P.A.

600155464136
05/05/09--01040--001 **555.00

REINSTATEMENT 06-09

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

343 Harris Ave

Suite, Apt. #, etc.

3. Mailing Office Address

343 Harris Ave

Suite, Apt. #, etc.

City & State

Winter Park, FL

City & State

Winter Park, FL

Zip

32789

Country

USA

Zip

32789

Country

USA

4. State/Country of Formation
FL, USA

5. Date Organized or Qualified
To Do Business in Florida

06/12/2001

6. FEI Number

593719780

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

~~Alie~~ Gattis, ALICIA

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

343 Harris Ave

Suite, Apt. #, Etc.

City

Winter Park

State

FL

Zip Code

32789

☒ 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

Alie Gattis

REGISTERED AGENT MUST SIGN

Date

4/30/09

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
Pres	<u>Alie Gattis, ALICIA</u>	<u>343 Harris Ave</u>	<u>Winter Park, FL 32789</u>

600155464136
06/12/09--01084--006 **45.00

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

Alie Gattis

Date

4/30/09

Daytime Phone #

407-760-1488

Typed or printed name of signing Managing Member/Manager

ALICIA GATTIS