

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY COMPANY REINSTATEMENT**

**FLORIDA DEPARTMENT OF STATE**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
08 JAN 17 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000054737

1. Limited Liability Company's Name  
*The Ronald E. Rosenbaum Dental Group, P.A.*

2. Principal Office Address - No P.O. Box # <i>755 A1street</i>		3. Mailing Office Address <i>755 A1street</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Miami Beach, Florida</i>		City & State <i>Miami Beach, Florida</i>	
Zip <i>33140</i>	Country <i>USA</i>	Zip <i>33140</i>	Country <i>USA</i>

4. State/Country of Formation  
*Florida/USA*

5. Date Organized or Qualified To Do Business in Florida  
*4/17/2006*

6. FEI Number  
*204712940*

7. CERTIFICATE OF STATUS DESIRED ☐ \$5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name  
*Rosenbaum International Law Firm, P.A.*

Street Address (P.O. Box Number is Not Acceptable)  
*755 A1street*

Suite, Apt. #, Etc.

City  
*Miami Beach*

State  
*FL*

Zip Code  
*33140*

☒ 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 *[Signature]* Date *1-7-08*

REGISTERED AGENT MUST SIGN

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
<i>MGR</i>	<i>Betty Rosenbaum</i>	<i>755 A1street</i>	<i>Miami Beach, Florida 33140</i>

*07/1/17*

*900115338919*  
*01/17/08--01001--013 \*\*3663.75*

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 *1-7-08* Daytime Phone # *305 333-5308*

Typed or printed name of signing Managing Member/Manager *Betty Rosenbaum*