

PLEASE READ ALL INSTRUCTIONS BEFORE

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

14 JAN 14 AM 9:48

SECRETARY OF STATE TALLAHASSEE FL

DOCUMENT # L09000116895

1. Limited Liability Company's Name MD SYHEALTH LLC

REINSTATEMENT

CR2E041 (1/11)

09-14

2. Principal Office Address - No P.O. Box # 13601 Preston Rd. Suite, Apt. #, etc. E740 City & State Dallas, Texas Zip 75240 Country USA

3. Mailing Office Address 13601 Preston Rd. Suite, Apt. #, etc. E740 City & State Dallas, Texas Zip 75240 Country USA

4. State/Country of Formation Florida/USA 5. Date Organized or Qualified To Do Business in Florida 12/09/2009 6. FEI Number 27-1455702 Applied For Not Applicable 7. CERTIFICATE OF STATUS DESIRED [X] \$5.00 Additional Fee required (for a Certificate of Status)

8. Name and Address of Current Registered Agent NAME INCORP SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 17888 67TH COURT NORTH State, Apt. #, Etc. City LOXAHATCHEE State FL Zip Code 33470

E-mail Address: 100255619021 01/14/14--01035--016 \*\*798.75 AHMED.HASSAN@SYBRID.COM (To be used for future annual report notices)

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] INCORP SERVICES, INC. Date 12-19-2013 REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers Table with columns: Titles, Name of Managing Member/Manager, Street Address of Each Managing Member/Manager, State / Zip. Row 1: MGRM, AHMED F. HASSAN, 351 BUCKINGHAM CT., LOMBARD, ILLINOIS 60108

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. Signature of Managing Member/Manager [Signature] Date 1/3/14 Daytime Phone # 630 812 1472 Typed or printed name of signing Managing Member/Manager Ahmed Hassan

JAN 14 2014

M. WILLIAMS