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Florida Department of State
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From:
Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302)575-0875
Fax Number : (302)575-1642

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LIMITED LIABILITY REINSTATEMENT
ALCIMEDE LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	$655.00

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LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M08000001000

1. Limited Liability Company's Name

ALCIMEDE LLC

CR2E041 (1/11)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6538 COLLINS AV	6538 COLLINS AVE
Suite, Apt. #, etc. APT 445	Suite, Apt. #, etc. APT 445
City & State MIAMI BEACH FL	City & State MIAMI BEACH FL
Zip 33141 Country USA	Zip 33141 Country USA

4. State/Country of Formation: DE

5. Date Organized or Qualified To Do Business in Florida: 2/29/2008

6. FEI Number: 74-3246580 ☐ 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: AGENTS AND CORPORATIONS, INC.

Street Address (P.O. Box Number is Not Acceptable): 300 FIFTH AVENUE SOUTH

Suite, Apt. #, Etc.: STE 101-330

City: NAPLES State: FL Zip Code: 34102

E-mail Address: S.LAGAN@BTINTERNET.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: By: [signature], VP. Date: 8-14-12
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
MGRM	SEAMUS LAGAN	6538 COLLINS AV	MIAMI BEACH FL 33141

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 608.409, 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; I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Signature of Managing Member/Manager: [signature] Date: AUG 14th 12 Daytime Phone #: 561 855 1620

Typed or printed name of signing Managing Member/Manager

REINSTATEMENT 2009-2012