

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



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

FILED

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REINSTATEMENT 2001

DOCUMENT # L00000000342

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Limited Liability Company's Name

INNOVATION MEDICAL LLC.

2. Principal Office Address

3477 FOX HUNT DRIVE

Suite, Apt. #, etc.

3. Mailing Office Address

3477 FOX HUNT DRIVE

Suite, Apt. #, etc.

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

1-10-2000

6. FEI Number

59-3624670

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$500 Additional Fee required
for a Certificate of Status

City & State

PALM HARBOR

Zip

34683

Country

PINELLAS

City & State

PALM HARBOR

Zip

34683

Country

PINELLAS

8. Name and Address of Current Registered Agent

Name

CHRIS MAXSON

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

3477 FOX HUNT DRIVE

Suite, Apt. #, Etc.

800004661508-6

-10/31/01-01075-003

***150.00 ***150.00

City

PALM HARBOR

State

FL

Zip Code

34683

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

Date 10-22-2001

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
MGR	MAXSON ASSOCIATES, INC	3477 FOX HUNT DRIVE	PALM HARBOR, FL 34683
MGR	S. WALKER ASSOCIATES, INC	5678 BAYVIEW DRIVE	SEMINOLE, FL 33772

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 10-22-2001 Daytime Phone # 727-420-2010

Typed or printed name of signing Managing Member/Manager

CHRIS MAXSON, PRESIDENT, MAXSON ASSOCIATES, INC.

CR2E041 (9/01)