


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



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

FILED

04 APR 14 AM 11:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000003739

1. Limited Liability Company's Name

CNC DIAGNOSTIC, LLC

300031085263
03/24/04--01065--002 **255.00

2. Principal Office Address		3. Mailing Office Address		4. State/Country of Formation	
<u>7610 INDUSTRIAL LN</u>		<u>7610 INDUSTRIAL LN</u>			
Suite, Apt. #, etc. <u># 1A</u>		Suite, Apt. #, etc. <u># 1A</u>		5. Date Organized or Qualified To Do Business in Florida <u>1/23/01</u>	
City & State <u>TAMPA FL</u>		City & State <u>TAMPA FL</u>		6. FEI Number <u>59-3637542</u>	
Zip <u>33637</u>	Country <u>USA</u>	Zip <u>33637</u>	Country <u>USA</u>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/>				\$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name
KEVIN BONHAM-LOVETT

Street Address (P.O. Box Number is Not Acceptable)
7610 INDUSTRIAL LN

Suite, Apt. #, Etc.
1A

City
TAMPA

State
FL

Zip Code
33637

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 KBO [Signature] Date 3/15/04

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
<u>MGR</u>	<u>KEVIN BONHAM-LOVETT</u>	<u>7610 INDUSTRIAL LANE # 1A</u>	<u>TAMPA FL 33637</u>
<u>MGR</u>	<u>CATHERINE VACANTI</u>	<u>7610 INDUSTRIAL LANE # 1A</u>	<u>TAMPA FL 33637</u>

REINSTATEMENT 02/04
[Signature]

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 Kevin Bonham Lovett [Signature] Date 3/15/04 Daytime Phone # 813-983-1870

Typed or printed name of signing Managing Member/Manager KEVIN BONHAM-LOVETT

CR2E041 (10/02)