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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENTFLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

03 NOV -3 AM 8:00

1. DOCUMENT # L00000004010

Name and Mailing Address

0016899 01 MB 0.309 \*\*AUTO H2 0 0615 90095-000100



MOLECULAR INSIGHT, L.L.C.

200 STEIN PLAZA

LOS ANGELES CA 90095-0001

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

700024380947

11/03/03--01065--017 \*\*155.00



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/07/2000	
Principal Place of Business 15750 NEW HAMPSHIRE COURT SUMMERLIN PARK SOUTH SUITE B FORT MYERS FL 33908	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 52-2300015	Applied For Not Applicable
8. Name and Address of Current Registered Agent  GASSMAN, ALAN S ESQ 1245 COURT STREET SUITE 102 CLEARWATER FL 33756		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
10. 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 <u>K. W. Small</u> <b>USE REQUIRED</b> Date <u>10/22/03</u> REGISTERED AGENT MUST SIGN			
11. Names and Street Addresses of Each Managing Member/Manager			
Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGR	SMALL, KENT W M.D.	200 STEIN PLAZA 3134 CORDA DR.	LOS ANGELES CA 90095 LOS ANGELES, CA 90049
12. 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 <u>K. W. Small</u> <b>USE REQUIRED</b> Date <u>10/22/03</u> Daytime Phone # <u>310-560-9121</u> Typed or printed name of signing Managing Member/Manager			

CR2E084 (7/03)