

PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 NOV 21 PM 4:14

DOCUMENT # L-107277

1. Limited Liability Company's Name

Mednet Global, L.L.C.

2. Principal Office Address

1412 S. Riverside Drive

Suite, Apt. #, etc.

3. Mailing Office Address

P.O. Box 966

Suite, Apt. #, etc.

City & State

New Smyrna Beach, FL

Zip

Country

32168

US

City & State

New Smyrna Beach, FL

Zip

Country

32170

US

4. State/Country of Formation

Florida / USA

5. Date Organized or Qualified
To Do Business in Florida

9/25/00

6. FEI Number

88-0497592

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$3.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

Thurlow, Robert S.

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

415 Canal Street

Suite, Apt. #, Etc.

City

New Smyrna Beach,

State

FL

Zip Code

32168

600004717916-7

12/11/01-01016-019

***150.00 ***150.00

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]

Date 11/15/01

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	Alan Gilner	1412 S. Riverside drive	New Smyrna Beach, FL 32168

REINSTATEMENT 2001

Rein 100
OBR 50
150

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

[Signature]

Date 11-15-01

Daytime Phone #

386-424-1619

Typed or printed name of signing Managing Member/Manager

ALAN MANABER

CR2ED41 (9/01)