

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L00000015000

Name and Mailing Address

0004883 01 FP 0.352 **PRSR T5 0 0615 33609-301818



BIOLOGICAL SPECIALTY II, LLC
3218 AZEELE STREET
TAMPA FL 33609-3018



FILED
02 NOV 20 AM 9:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2EC84 (8/02)

2. New Mailing Address City, State, Zip		4. State/Country of Formation FL	
Principal Place of Business 3218 AZEELE STREET TAMPA FL 33609		5. Date Organized or Qualified To Do Business in Florida 11/30/2000	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent NORMAN, CHRISTOPHER H 315 S. HYDE PARK AVENUE FL 33606		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 *[Signature]* Date 11/15/02

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
MGRM	MILLER, JEFFREY L	3218 AZEELE STREET	TAMPA FL 33609
MGR	SPINELLI, ERNEST	309 BEDFORD COURT	QUAYSER TOWN PA 18951
000008687370 10/30/02--01022--008 **150.00			
REINSTATEMENT <u>2002</u>			
AL			

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 *[Signature]* Date 10/25 Daytime Phone # 913 875-1181

Typed or printed name of signing Managing Member/Manager