FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

07 NOV 20 PM 1:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/07)

DOCUMENT # L00000015000

1. Limited Liability Company's Name
BIOLOGICAL SPECIALTY II, LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
3218 AZEELE ST	3218 AZEELE ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State: TAMPA, FL
Zip: 33609 Country: US	Zip: 33609 Country: US

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida: 11/30/2000

6. FEI Number: 593711786 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: JEFFREY L. MILLER, MD

Street Address (P.O. Box Number is Not Acceptable): 3218 AZEELE ST.

Suite, Apt. #, Etc.:

City: TAMPA State: FL Zip Code: 33609

☒ A $100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the $100 reinstatement be waived.

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] REGISTERED AGENT MUST SIGN Date: 11-12-07

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Member/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	JEFFREY L. MILLER	3218 AZEELE ST	TAMPA FL 33609
MGRM	ERNEST SPINELLI	7100 SUNSET WAY 508W	ST PETE BEACH, FL 33706

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11/20/07--01025--002 **100.00

REINSTATEMENT 0607

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: 11-12-07 Daytime Phone#: 813-579-1188

Typed or printed name of signing Managing Member/Manager: JEFFREY L. MILLER, MD