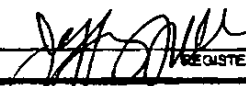
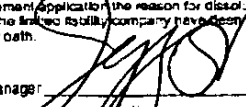


FILED

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		DOCUMENT # L00000015000 1. Limited Liability Company's Name BIOLOGICAL SPECIALTY II, LLC	
2. Principal Office Address - No P.O. Box # 3218 AZEELE ST Suite, Apt. #, etc.		3. Mailing Office Address 3218 AZEELE ST Suite, Apt. #, etc.		4. State/Country of Formation FLORIDA	
City & State TAMPA, FL		City & State TAMPA, FL		5. Date Organized or Qualified To Do Business in Florida 11/30/2000	
Zip 33609	Country US	Zip 33609	Country US	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 638, F.S. Signature of Registered Agent  Date 11-12-07 REGISTERED AGENT MUST SIGN					
10. Names and Street Addresses of Managing Members/Managers					
Name of Managing Member/Manager	Street Address of Each Managing Member/Manager	City / State / Zip			
MRM JEFFREY L. MILLER	3218 AZEELE ST	TAMPA, FL 33609			
NGRM ERNEST SPINELLI	7100 SUNSET WAY SDBW	ST PETE BEACH, FL 33706			
400112456734 11/20/07--01025--002 **11 0.00					
REINSTATEMENT					
11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 638, 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 606.406, 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  Date 11-12-07 Daytime Phone# 813-879-1188					
Type or printed name of signing Managing Member/Manager JEFFREY L. MILLER, MD.					