2008 LIMITED LIABILITY COMPANY REINSTATEMENT

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DOCUMENT # L00000015000										
1. Entity Name						00 000 10 0				
BIOLOGI	CAL SPE	CIALTY II, LLC					08 MOA 15	AM 8: 09		
			1000				TALLAHAGa	· JaiE		
Principal Plac		i	Mailing Address				TALLAHABB	ti: LURIDA		
3218 AZEELE STREET TAMPA, FL 33609			3218 AZEELE STREET							
IAMPA, FL	33609		TAMPA, FL 33609							
								TI NZOLOM LOM ERMER		
2. Principal P	lace of Busin	ess - No P.O. Box #	3. Mailing Address			† 				
						1 13811811 1			MB	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			10272008	REIN-LLC	CR2E101 (1/07)		
City & State			City & State			4. FEI Numb		 - 	plied For	
7:- T C			Zip Country			59-37	11/86		t Applicable	
ΖIÞ	Zip Country		Zip Coun		ury	5. Certificat	e of Status Desired [☐ \$5.00 Add Fee Require		
6. Name and Address of Current F		Registered Agent			7. Name and Address of New Registered Agent					
			Name			7. Nulle un	a Address of New Negls	stered Agent		
MILLER, J	EFFREY L	. MD								
	ELE STRE	ET	Street Address		Street Address	(P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33609		-							
			City							
					City	FL Zip Code			9	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and acce										
the obligations of registered agent										
SIGNATURE SEMILL										
SIGNATURE Signature, typed or printer name of considered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
		FEE IS \$138.75	In accordance with	193(2)(b), F.S., th	e limited		heck payable to			
After Janua	ary 1, 2009	, Fee will be \$277.50	liability company did not receive the prior not			tice.	Ftorida De	epartment of State	•	
9.		MANAGING MEMBER	SS/MANAGERS	10.			. ADDITIONS/CH/	ANGES		
TITLE	MGRM		☐ Delete	TITL	F		· ADDITIONS OF I	☐ Change	Addition	
NAME	MILLER, J	EFFREY L	NAME		1			_ •	Addition	
STREET ADDRESS	3218 AZE	ELE STREET			EET ADDRESS	ائے دندہ	0013774 7/0801040	15242	I	
CITY-ST-ZIP	TAMPA, F	L 33609			-ST-ZIP	11/0	7708010 4 0	002 **138.	75	
TITLE	MGR		☐ Delete	TITL	E	L. S	FILERS	☐ Change	☐ Addition	
NAME	SPINELLI,	, ERNEST	s c		IE .	0) – ·	_	
STREET ADDRESS	1	SET WAY 508W			EET ADORESS	NOV 13 2008				
CITY-ST-ZIP	ST. PETE	BEACH, FL 33706			'-ST-ZIP	140	7 Y 1 3 ZUU0			
TITLE			☐ Delete	E			☐ Change	☐ Addition		
NAME	NAI					FXA	\MINER			
STREET ADDRESS					EET ADDRESS	—/ V	MAIN AFT	l .		
CITY-ST-ZIP	-	****			'-ST-ZIP					
TITLE	1		☐ Delete	TITU				Change	☐ Addition	
NAME STREET ADDRESS	NAM STR				DETAL	COTOAC	ר ארכים אי או כי אייון	m NO		
CITY-ST-ZIP					IZCIIN	SIA	TEMEN	11()X		
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NAME			NAM		ľ			L. Change	☐ WOOMIDH	
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP					-ST-ZIP					
TITLE	☐ Delete IH				E			Change	☐ Addition	
NAME		NAME		E E			<u> </u>			
STREET ADDRESS					EET ADDRESS					
CITY-ST-ZIP CITY-ST-ZIP										
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the										
limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.										
(101 -1										
SIGNAT	IIPE:	$\rightarrow \mathcal{U}$	yun.				19/11/0	-		
SIGNATURE AND TYPED OR PRINTED AME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Destroy Phone #										