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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTMENT OF STATE CORPORATION DIVISION OF CORPORATIONS AND BUSINESSES
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FILED

03 OCT 24 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000001420

Name and Mailing Address

0015969 01 MB 0.309 **AUTO TS 0 0615 32405-438108



CARDIAC SUPPORT SPECIALTIES, LLC
108 CAMELOT CIRCLE
PANAMA CITY FL 32405-4381



2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 01/26/2001	
Principal Place of Business 108 CAMELOT CIRCLE PANAMA CITY FL 32405	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 36-4419734	Applied For Not Applicable
8. Name and Address of Current Registered Agent FULLET, CHARLES R 108 CAMELOT CIRCLE PANAMA CITY FL 32405		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	
9. Name and Address of New Registered Agent			
Name			
Street Address (P.O. Box Number is Not Acceptable)			
City		FL Zip Code	
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		Date 10-21-03	
SIGNATURE REQUIRED 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
MGR	FULLER, CHARLES	108 CAMELOT CIRCLE	PANAMA CITY FL 32405
MGR	REED, WILLIAM C	2551 CHEVAL DRIVE	DAVIDSONVILLE MD 21035
		000024423170 11/04/03--01066--030 **155.00	
		REINSTATEMENT 03	
		02	
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		Date 10-21-03 Daytime Phone # 850-784-0408	
Typed or printed name of signing Managing Member/Manager		CHARLES R. FULLER	

CR2E034 (7/03)