

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

03 DEC 16 PM 3:35

12/2/26

1. DOCUMENT # L01000006300

Name and Mailing Address

0000904 01 AV 0.278 **AUTO H5 0 0615 33431-857141



AMERIMED INDUSTRIES, LLC
2255 GLADES ROAD, SUITE 324-A
BOCA RATON FL 33431-8571



REINSTATEMENT 2003

CR2E084 (7/03)

2. New Mailing Address		4. State/Country of Formation FL	
City, State, Zip		5. Date Organized or Qualified To Do Business in Florida 04/24/2001	
Principal Place of Business 2255 GLADES ROAD, SUITE 324-A BOCA RATON FL 33431	3. New Principal Place of Business Address City, State, Zip	6. FEI Number 65-1104365	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input checked="" type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		9. Name and Address of New Registered Agent Name <u>Montgomery L. Byers, Jr.</u> Street Address (P.O. Box Number if Not Acceptable) <u>111 East Lee Rd</u> <u>Delray Beach</u> City <u>FL</u> Zip Code <u>33945</u>	
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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] **SIGNATURE REQUIRED** Date 12/11/2003

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
P	BYERS, MONTGOMERY L JR	111 EAST LEE RD.	DELRAY BEACH FL 33945

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] **SIGNATURE REQUIRED** Date 12/11/2003 Daytime Phone # 954-981-8486

Typed or printed name of signing Managing Member/Manager Montgomery L. Byers, Jr.