

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROPRIATE  
AND  
FILED

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

03 OCT 22 PM 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L01000010312

1. Limited Liability Company's Name

NUCLIFE SOLUTIONS, LLC

REINSTATEMENT 2003

2. Principal Office Address

345 Bayshore Blvd.

Suite, Apt. #, etc.

Suite 1702

City & State

Tampa Florida

Zip

33606

Country

US

3. Mailing Office Address

345 Bayshore Blvd.

Suite, Apt. #, etc.

Suite 1702

City & State

Tampa Florida

Zip

33606

Country

US

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

9/1/2002

6. FEI Number

59-3727198

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

KRISTEN MARIE BONSACK

Street Address (P.O. Box Number is Not Acceptable)

345 Bayshore Blvd.

Suite, Apt. #, Etc.

Suite 1702

City

Tampa

State

FL

Zip Code

33606

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

10/17/03

10. Names and Street Addresses of Managing Members/Managers

| Titles | Name of<br>Managing Members/Managers | Street Address of Each<br>Managing Member/Manager | City / State / Zip  |
|--------|--------------------------------------|---|---------------------|
| MGR    | KRISTEN MARIE BONSACK                | 345 Bayshore Blvd.<br>Suite 1702                  | Tampa, FL 33606     |
| MGR    | JOHN R. GANGEMI                      | 3147 Highlands Lakeview<br>Circle                 | Lake Land, FL 33813 |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |
|        |                                      |   |                     |

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]*  
JOHN R. GANGEMI

Date

10/17/03

Daytime Phone #

863-838-1207

Typed or printed name of signing Managing Member/Manager

CR2E041 (10/02)