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1 of 2

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 NOV 12 PM 12:05

DOCUMENT # L01000013384

11/08/02--01077--001 **155.00
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11/08/02--01077--001 **155.00

1. Limited Liability Company's Name

MEDSOURCE, L.L.C.

REINSTATEMENT 2002

2. Principal Office Address		**3.** Mailing Office Address	
33 N. GARDEN AVE.		33 N. GARDEN AVE.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
SUITE 190		SUITE 190	
City & State		City & State	
CLEARWATER, FL		CLEARWATER, FL	
Zip	Country	Zip	Country
33755	U.S.A.	33755	U.S.A.

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 08/09/2001

6. FEI Number: 59-3746707 ☐ 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: RICHARD J. NEEFE

Street Address (P.O. Box Number is Not Acceptable): 6104 PALMA DEL MAR BLVD. S.

Suite, Apt. #, Etc.: #301

City: ST. PETERSBURG State: FL Zip Code: 33715

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: _____ Date: 11/7/02

REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MERCURIS, KOSTA	200 DOLPHIN PT., SUITE 101	CLEARWATER, FL 33767
MGRM	HALL, TRACY M	240 GEORGIA AVE.	CRYSTAL BEACH, FL 34681
	REINSTATEMENT 2002		
			11/12/02--01061--001 **25.00

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: _____ Date: 11/7/02 Daytime Phone #: (727) 469-8940

Typed or printed name of signing Managing Member/Manager: KOSTA MERCURIS

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RICHARD J. NEEFE
ATTORNEY AT LAW

138 107TH AVENUE - BOX 105
TREASURE ISLAND, FLORIDA 33706

PHONE/FAX: (727) 867-3895
e-mail: rjneefe@hotmail.com

November 7, 2002

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

VIA FEDERAL EXPRESS

Re: MEDSOURCE, L.L.C. Reinstatement

Dear Secretary Smith:

In connection with the referenced limited liability company, enclosed please find the following:

1. Duly-executed Limited Liability Company Reinstatement;

2. Check in the amount of $155.00 in payment of the following charges:

a. Annual Report:	$ 50.00
b. Registered Agent Fee	100.00
c. Certificate of Status	5.00
TOTAL:	$155.00; and

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

3. Check in the amount of $25.00 for change of registered agent (if required).

Please issue the certificate of status as soon as possible and return to me in the enclosed prepaid FedEx envelope (with the $25.00 change of registered agent check if not required).

Thank you for your immediate attention to this matter.

Sincerely,

Richard J. Neefe

/rn-
enclosures