

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

1. DOCUMENT # L01000017542

Name and Mailing Address

02 NOV 18 PM 1:30

0009440 01 FP 0.352 **PRSRT H2 0 0615 32309-687951



SANDON TESTING SERVICES L.L.C.
2928 WELLINGTON CIRCLE, STE. 201
TALLAHASSEE FL 32309-6879



2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

10/12/2001

Principal Place of Business

2928 WELLINGTON CIRCLE, STE.
TALLAHASSEE FL 32309

3. New Principal Place of Business Address

201

City, State, Zip

6. FEI Number

☒ 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

VISCONTI, FRANK
2928 WELLINGTON CIRCLE, STE. 201
TALLAHASSEE FL 32309

9. Name and Address of New Registered Agent

Name

REINSTATEMENT 2002

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

Frank Visconti

REGISTERED AGENT MUST SIGN

Date November 6, 2002

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
MEMOR	PHILIP A. SANDON	3717 SWACCAWAIL CT 201	TALLAHASSEE, FLORIDA 32309

000009050910
11/18/02--01067--004 **155.00

11/18 west

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

Philip A. Sandon

Date 11/16/02

Daytime Phone #850-899-0838

Typed or printed name of signing Managing Member/Manager