L02000005603

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
04 MAR -2 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

100028732621
02/13/04--01034--017 **200.00

DOCUMENT # L02000005603

1. Limited Liability Company's Name
Balance and Vestibular Systems, LLC

2. Principal Office Address	3. Mailing Office Address
475 West Town Place	475 West Town Place
Suite, Apt. #, etc.: #111	Suite, Apt. #, etc.: #111
City & State: St. Augustine, FL	City & State: St. Augustine, FL
Zip: 32092 Country: USA	Zip: 32092 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 3/8/02

6. FEI Number: 82-0548873 ☐ 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: Howard A. Caplan, Attorney, PA
Street Address (P.O. Box Number is Not Acceptable): 6260 Dupont Station Court
Suite, Apt. #, Etc.: Suite C
City: Jacksonville State: FL Zip Code: 32217

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: Howard A Caplan Date: 1-30-04
REGISTERED AGENT MUST SIGN

CR2E041 (10/02)

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
MGR	David Dugas	475 West Town Place, 111	St. Augustine, FL 32092
MGR	Mark L'Hommedieu	475 West Town Place, 111	St. Augustine, FL 32092

2003 2004

REINSTATEMENT

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] Date: 3/1/04 Daytime Phone #: 808-239-6436

Typed or printed name of signing Managing Member/Manager: David Dugas