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Simens Medical Systems

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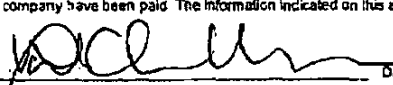
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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS																					
DOCUMENT # 1. Limited Liability Company's Name MOE'S SM, LLC																							
2. Principal Office Address - No P.O. Box # 2004 SAN MARCO BLVD Suite, Apt. #, etc.		3. Mailing Office Address 2004 SAN MARCO BLVD Suite, Apt. #, etc.																					
City & State JACKSONVILLE, FL		City & State JACKSONVILLE, FL																					
Zip 32207	Country	Zip 32207	Country																				
4. State/Country of Formation FLORIDA		5. Date Organized or Qualified To Do Business in Florida 4/8/2002																					
6. FEI Number 04-3639349		Applicable 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: LEPRELL, SAMUEL MANISH D KHULLAR Street Address (P.O. Box Number is Not Acceptable): 1030 SAN MARCO BLVD 2004 SAN MARCO BLVD Suite, Apt. #, Etc: SUITE 201 City: JACKSONVILLE State: FL Zip Code: 32207																							
☐ A \$100 reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the \$100 reinstatement be waived.																							
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: 01/17/08 REGISTERED AGENT MUST SIGN																							
10. Names and Street Addresses of Managing Members/Managers <table border="1"> <thead> <tr> <th>Titles</th> <th>Name of Managing Members/Managers</th> <th>Street Address of Each Managing Member/Manager</th> <th>City / State / Zip</th> </tr> </thead> <tbody> <tr> <td>MGRM</td> <td>KHULLAR, MANISH D</td> <td>2004 SAN MARCO BLVD</td> <td>JACKSONVILLE, FL 32207</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>				Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip	MGRM	KHULLAR, MANISH D	2004 SAN MARCO BLVD	JACKSONVILLE, FL 32207												
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REINSTATEMENT 2006-2008 700115560437																							
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: 01/17/08 Daytime Phone #: (904) 887-8771 Typed or printed name of signing Managing Member/Manager: MANISH D KHULLAR																							

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FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662, TALLAHASSEE, FL 32302
155 OFFICE PLAZA DRIVE, SUITE A, TALLAHASSEE, FL 32301
PHONE: (850) 216-0457 / FAX: (850) 216-0460**

DATE: 1/18/2008

NAME: MOE'S SM, LLC

TYPE OF FILING: REINSTATEMENT

COST: \$516.25 + 30 = \$546.25

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Certified Copy

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