

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 SEP 12 PM 3:32

DOCUMENT # L 02000011054

1. Limited Liability Company's Name

APICAL PULSE, L.L.C.

2. Principal Office Address - No P.O. Box #

2355 Cimmarron Ash Way

Suite, Apt. #, etc.

3. Mailing Office Address

522 S. Hunt Club

Suite, Apt. #, etc.

Bld # 203

City & State

Apopka, Florida

Zip

Country

32703

USA

City & State

Apopka, Florida

Zip

Country

32703

USA

4. State/Country of Formation

FLORIDA, USA

5. Date Organized or Qualified
To Do Business in Florida

05/02/02

6. FEI Number

02-0592078

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

THOMAS PAGAN

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

522 S. Hunt Club Blvd # 203

Suite, Apt. #, Etc.

City

Apopka

State

FL

Zip Code

32703

☐ 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

Thomas Pagan

REGISTERED AGENT MUST SIGN

Date

09/10/07

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	THOMAS PAGAN	522 S. Hunt Club Blvd #203	Apopka, FL 32703
MGRM	JULIE PAGAN		100109594341 09/18/07--01057--007 **355.00
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REINSTATEMENT

2003-2007

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

JM

Date

09/10/07

Daytime Phone #

(407) 461-1647

Typed or printed name of signing Managing Member/Manager

JULIE PAGAN