

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT



FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

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DOCUMENT # L02000024018

1. Limited Liability Company's Name

Medcom International, LLC

500086821845 01/31/07--01049--005 **150.00

CR2E041 (1/07)

2. Principal Office Address - No P.O. Box # 500 NW 62nd Street Suite, Apt. #, etc. Suite 210 City & State Fort Lauderdale, FL Zip 33309 Country USA

3. Mailing Office Address Suite, Apt. #, etc. City & State Zip Country

4. State/Country of Formation Florida 5. Date Organized or Qualified To Do Business in Florida 09/17/2002 6. FEI Number 02-0642885 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 John L. Tomlinson Street Address (P.O. Box Number is Not Acceptable) NW 62nd Street Suite, Apt. #, Etc. 210 City Fort Lauderdale State FL Zip Code 33309

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 John L. Tomlinson Date 01/24/07 REGISTERED AGENT MUST SIGN

Table with 4 columns: Titles, Name of Managing Members/Managers, Street Address of Each Managing Member/Manager, City / State / Zip. Row 1: MGRM, Goertzen, Meinolf, 500 NW 62nd St, Ste 210, Fort Lauderdale, Fl 33309. Includes a REINSTATEMENT 05-07 stamp.

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. Signature of Managing Member/Manager Meinolf Goertzen Date 01/24/07 Daytime Phone # 954-771-9336