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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

LIMITED LIABILITY
COMPANY
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 DEC -2 PM 1:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000031725

1. Limited Liability Company's Name

Morning Star Diagnostics, LLC

200025236502
12/01/03-01035-010 **310.00
AK

2. Principal Office Address
1605 Main Street

3. Mailing Office Address

Suite, Apt. #, etc.
Suite 912

Suite, Apt. #, etc.

City & State
Sarasota, FL

City & State

Zip
34236

Country
USA

4. State/Country of Formation
Sarasota

5. Date Organized or Qualified
To Do Business in Florida November 25, 2002

6. FEI Number 13-4227186
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
Harold W. Scovill
Street Address (P.O. Box Number is Not Acceptable)
1605 Main Street
Suite, Apt. #, Etc.
Suite 912
City
Sarasota
State
FL
Zip Code
34236

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 Harold W. Scovill Date 12/01/03
REGISTERED AGENT MUST SIGN

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	Robert Buckhannon	4400 S. Tamiami Trail	Sarasota, FL 34231
Mgr	James Buckhannon	4400 S. Tamiami Trail	Sarasota, FL 34231

REINSTATEMENT 2003
AK

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 James R. Buckhannon Date 12/1/03 Daytime Phone # 941-921-6100
Typed or printed name of signing Managing Member/Manager James R. Buckhannon