L02000032284

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
10 MAY 14 PM 1:44

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05/14/10--01009--018 **1076.00

CR2E041 (11/09)

DOCUMENT # L02000032284

1. Limited Liability Company's Name

BIOLAT LLC.

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
1100 BRICKELL AVENUE	(SAME)
Suite, Apt. #, etc.	Suite, Apt. #, etc.
# 800	
City & State	City & State
MIAMI, FL.	
Zip / Country	Zip / Country
33131 USA	

4. State/Country of Formation: FLORIDA

5. Date Organized or Qualified To Do Business in Florida:

6. FEI Number: 06-1662936 ☐ 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: LORENZO LACROZE

Street Address (P.O. Box Number is Not Acceptable): 1100 BRICKELL AVENUE

Suite, Apt. #, Etc.: #800

City: MIAMI | State: FL | Zip Code: 33131

☐ 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 5-7-10
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	LORENZO LACROZE	1100 BRICKELL AVE. #800	MIAMI, FL. 33131

REINSTATEMENT 2004-2010

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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 whe 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 t 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 ef as if made under oath.

Signature of Managing Member/Manager _____ Date 5-7-10 Daytime Phone # (305)226-3219

Typed or printed name of signing Managing Member/Manager _____