

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**FILED**

19 JUN -2 PM 2:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100181312911  
05/25/10--01009--014 \*\*593.75

CR2E041 (11/09)

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # L03000001997

1. Limited Liability Company's Name

Kendall Diagnostics, LC

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

9200 Sunset Drive

Suite, Apt. #, etc.

Building 4

City & State

Miami, FL

Zip

33173

Country

USA

3. Mailing Office Address

9200 Sunset Drive

Suite, Apt. #, etc.

Building 4

City & State

Miami, FL

Zip

33173

Country

USA

4. State/Country of Formation

Florida

5. Date Organized or Qualified  
To Do Business in Florida

January 16, 2003

6. FEI Number

54-2091908

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

Angela Saez

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

4030 Crossbill Lane

Suite, Apt. #, Etc.

City

Weston

State

FL

Zip Code

33331

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

*Angela Saez*

REGISTERED AGENT MUST SIGN

Date May 11, 2010

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	Julius A. Gasso	9200 Sunset Drive	Miami, FL 33173
<p><b>L. SELLERS</b> JUN - 3 2010 <b>EXAMINER</b></p>			

11. E-mail Address: angela.saez@gmail.com

(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 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

*Julius Gasso*

Date 5-11-10

Daytime Phone #

(305) 412-8315

Typed or printed name of signing Managing Member/Manager

Julius Gasso