PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	TED LIAE COMPAN NSTATE	Y MA		DEPAR Secretar	y of S		:19	FILED JUN-2 PM 2: 43		
DOCUMENT # L0300001927 1. Limited Liability Company's Name							SECRETARY OF STATE TALLAHASSEE, FLORIDA			
Kondall Diagnotics, LC							100181312911 05/25/1001009014 **593.75			
Principal Office Address - No P.O. Box # 3. Mailing O					Office Address			CR2E041 (11/09)		
				Sunsed Drive			4. State/Country of Formation			
Suite, Apt. #, etc. Suite, Apt. #,				_			Florida 5. Date Organized or Qualified			
Building 4 Building State City & State				ing 9			To Do Business in Florida Jones, 16, 2003			
Mian, Fl Mian				, F <u>~</u>			6. FEI Number Applied For			
Zip		Country	Zip	·	Coun	try	<u>54 - 2</u>	<u> </u>	Applicable	
331-	73	محا	33113	,	U	S/2		E OF STATUS DESIRED 55.00 Additional for a Certificate		
8. Name and Address of Current Registered Agent										
Angela Saez								☑ A \$100 reinstatement fee is imposed, except		
Street Address (P.O. Box Number is Not Acceptable)							in circumstances which the entity did not receive the prior notices. By checking this			
4030 Crossbill Lone							box, you are certifying the prior notices were			
Suite, Apt. #. Etc.								not received and requesting the \$100		
City					State FL	Zip Code 3333)	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 REGISTERED AGENT MUST SIGN							Date May 11, 2010			
10. Names and Stree Addresses of Managing Members/Managers										
Titles	Name of				Street Address of Each Managing Member/Manager			City / State / Zip		
Mgr	r Julius A. Gasso			9200 Sunsat Drive			٠٠	Miami FL 33173		
							I	OFLIEDS		
							L. SELLENS			
REINSTATEMENT 06-2010							JUN - 3 2010			
					EXAMINER					
11. E-mail Address: Age In a Sqc 2 gma. 1 . 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 Date 5-11-10 Daytime Phone # (305) \$12-8315										
Typed or printed name of signing Managing Member/Manager TUIUS GOSSO										