

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

07 OCT -8 AM 8:42

CR2E041 (1/07)

DOCUMENT # **L03000021900**

1. Limited Liability Company's Name

RAX MEDICAL L.L.C

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

Suite, Apt. #, etc.

City & State

PARKLAND FL

Zip

33076

Country

U.S.A

3. Mailing Office Address

11730 NW 71 PL

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

OCT 20, 2007

6. FEI Number

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

VICTOR JAMES ROHATYNSKY

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

11730 NW 71 PL

Suite, Apt. #, Etc.

City

PARKLAND

State

FL

Zip Code

33076

☒ 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

[Signature]

Date **OCT 4, 2007**

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 |
|-------------|--------------------------------------|---|--------------------|
| MGRM | VICTOR J. ROHATYNSKY | 11730 NW 71 PL PARKLAND FL | 33076 |
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REINSTATEMENT
2004-2007

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

[Signature]

Date **10/04/07**

Daytime Phone # **954 600 5029**

Typed or printed name of signing Managing Member/Manager

VICTOR JAMES ROHATYNSKY