PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 MAR 27 AM 8:43

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000026765

1. Limited Liability Company's Name
Orthopedic Implant Services of Lee County, LLC

CR2E041 (8/05)

2. Principal Office Address	3. Mailing Office Address
4905 Belfort Rd.	same
Suite, Apt. #, etc.: 110	Suite, Apt. #, etc.:
City & State: Jacksonville, FL	City & State:
Zip: 32256 / Country: USA	Zip: / Country:

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business In Florida: 7/14/2003

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: Michael J. Sweeney
Street Address (P.O. Box Number is Not Acceptable): 4905 Belfort Rd.
Suite, Apt. #, Etc.: 110
City: Jacksonville | State: FL | Zip Code: 32256

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: M Sweeney (REGISTERED AGENT MUST SIGN) Date: 3/2/06

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
	Surgical Implant Services, LLC	4905 Belfort Rd., Suite 110	Jacksonville, FL 32256

200069919032
04/10/06 01015 024 **250.00

REINSTATEMENT ENT 04-06

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: M Sweeney Date: 3/2/06 Daytime Phone #: 904 861 2922

Typed or printed name of signing Managing Member/Manager: Michael J. Sweeney, President of Surgical Implant Services, LLC