

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2010 MAR -9 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100171547651
03/08/10--01083--011 **282.50

CR2E041 (11/09)

DOCUMENT #

L04000032197

1. Limited Liability Company's Name

Zian Medical, LLC

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

813 S. Westshore Blvd.

Suite, Apt. #, etc.

City & State

TAMPA, FL

Zip

33609

Country

U.S.A.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

4/27/04

6. FEI Number

743121440

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

STEPHEN ALMEIDA

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

813 S. Westshore Blvd

Suite, Apt. #, Etc.

City

TAMPA

State

FL

Zip Code

33609

☒ 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

REGISTERED AGENT MUST SIGN

Date 3-5-10

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	STEPHEN ALMEIDA	813 S. Westshore Blvd	TAMPA, FL, 33609
MGRM	Kerth Almeida	2723 NE 1ST ST.	Pompano Beach, FL 33062
MGRM	Robin Bidlofsky	2723 NE 1ST S.	Pompano Beach, FL 33062

REINSTATEMENT-09-10

11. E-mail Address:

Salmeida@novalismedical.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 3-5-10

Daytime Phone # 813-787-7090

Typed or printed name of signing Managing Member/Manager