

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

2008 NOV 19 PM 2: 00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

100136976921  
10/16/08--01022--002 \*\*238.75  
CR2E041 (10/08)

**DOCUMENT # L04000060460**

**1. Limited Liability Company's Name**

**KAST MEDICAL HOLDING LLC**

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

3930 NW 23RD COURT

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33431

Country

USA

**3. Mailing Office Address**

3930 NW 23RD COURT

Suite, Apt. #, etc.

City & State

BOCA RATON FL

Zip

33431

Country

USA

**4. State/Country of Formation**

FLORIDA USA

**5. Date Organized or Qualified  
To Do Business in Florida**

**6. FEI Number**  
20-1392124

☐ 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

FREDRICK THABET

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

3930 NW 23RD COURT

Suite, Apt. #, Etc.

City

BOCA RATON

State

FL

Zip Code

33431

☐ 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

*Fredrick Thabet*

Date 10/15/2008

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
MGMR	FREDRICK THABET	3930 NW 23RD COURT	BOCA RATON FL 33431

**REINSTATEMENT-08**

**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

*Fredrick Thabet*

Date 10/15/2008

Daytime Phone # 561-603-1842

Typed or printed name of signing Managing Member/Manager **FREDRICK THABET**