PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
2006 MAY -8 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L04000060536

1. Limited Liability Company's Name
Multi-Specialty Management Services, LLC

2. Principal Office Address	3. Mailing Office Address
13833 Wellington Trace	13833 Wellington Trace
Suite, Apt. #, etc.: Suite E4-487	Suite, Apt. #, etc.: Suite E4-487
City & State: Wellington FL	City & State: Wellington FL
Zip: 33414 Country: Palm Beach	Zip: 33414 Country: Palm Beach

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: August 16, 2004

6. FEI Number: 20-1511681 ☐ 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: Capital Connection, Inc.

Street Address (P.O. Box Number is Not Acceptable): 417 E. Virginia Street

200074664672
05/16/06--01029--022 **150.00

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

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: Weimar Lopez for Capital Connection, Inc. Date: 5/8/06
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
P	April WALL	229 Corral Ave	Sunnyvale CA 94086

REINSTATEMENT 2006

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: A Wall Date: 2 May 06 Daytime Phone #: 408 910-5909

Typed or printed name of signing Managing Member/Manager: April Wall