

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 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000136976850
10/16/08--01022--001 **238.75
CR2E041 (10/08)

DOCUMENT # L04000066593

1. Limited Liability Company's Name

FUSION MEDICAL HOLDING LLC

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

3930 NW 23RD COURT

Suite, Apt. #, etc.

3. Mailing Office Address

3930 NW 23RD COURT

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33431

Country

USA

Zip

33431

Country

USA

4. State/Country of Formation

FLORIDA USA

5. Date Organized or Qualified
To Do Business in Florida

6. FEI Number
20-1541453

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

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

Date 10/15/2008

Daytime Phone # 561-613-1842

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