

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 23 AM 9:22

DOCUMENT # L04000088918

1. Limited Liability Company's Name

THEME MEDICS LLC

400086747784
01/31/07--01011--001 **300.00

CR2E041 (8/05)

2. Principal Office Address

7720 LATROBE COURT
7510 CAMDEN HARBOUR DR

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON FL

City & State

SAME

Zip 34202
34212

Country
MANATEE

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

12/9/04

6. FEI Number

20-8228712

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

RONALD MILTON

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

7510 CAMDEN HARBOUR DRIVE 7720 LATROBE COURT

Suite, Apt. #, Etc.

City

BRADENTON

State
FL

Zip Code

34211 34202

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

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	RONALD MILTON	7512 CAMDEN HARBOUR DR	BRADENTON FL 34212
		7720 LATROBE COURT	34202

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

1/18/07

Daytime Phone #

941-924-9400

Typed or printed name of signing Managing Member/Manager

RONALD MILTON