

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

08 JUL -2 PM 1:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000091858

1. Limited Liability Company's Name

TRAVMED STAFFING, LLC

000132045730  
07/01/08--01029--002 \*\*416.25

CR2E041 (12/07)

2. Principal Office Address - No P.O. Box # 7920 CAMINO REAL		3. Mailing Office Address 115 FRESH MEADOW DR	
Suite, Apt. #, etc. APT M-207		Suite, Apt. #, etc. ---	
City & State MIAMI, FL		City & State TRUMBULL, CT	
Zip 33143	Country USA	Zip 06611	Country USA

4. State/Country of Formation FLORIDA USA	
5. Date Organized or Qualified To Do Business in Florida 12/20/2004	
6. FFI Number 141919529	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status	

8. Name and Address of Current Registered Agent

Name: ERIK DREIDING

Street Address (P.O. Box Number is Not Acceptable): 7920 CAMINO REAL

Suite, Apt. #, etc.: APT M-207

City: MIAMI

State: FL

Zip Code: 33143

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: *Erik Dreading* Date: 6/25/08

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
MGR	ERIK DREIDING	115 FRESH MEADOW DR.	TRUMBULL, CT 06611

REINSTATEMENT 06-08

EA

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: *Erik Dreading* Date: 6/25/08 Daytime Phone# 203 556-2567

Typed or printed name of signing Managing Member/Manager: ERIK DREIDING