

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

06 OCT 26 AM 10:26

DOCUMENT # L04000092606

1. Limited Liability Company's Name

MED, LLC

CR2E041 (8/05)

2. Principal Office Address

7500 Bryan Dairy Road

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33777

Country

Pinellas

3. Mailing Office Address

7500 Bryan Dairy Road

Suite, Apt. #, etc.

City & State

Largo, FL

Zip

33777

Country

Pinellas

4. State/Country of Formation

Pinellas County, Florida

5. Date Organized or Qualified
To Do Business in Florida

12/22/2004

6. FEI Number

#20-2038929

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

Eric E. Ludin, Esq., TUCKER & LUDIN, P.A.

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

13577 Feather Sound Drive

Suite, Apt. #, Etc.

Suite #300

City

Clearwater

State

FL

Zip Code

33762

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 10/23/06

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
MGRM	SOKOLOV, Mark	7500 Bryan Dairy Road - #C	Largo, FL 33777
MGRM	PIPER, David	7500 Bryan Dairy Road - #C	Largo, FL 33777
MGRM	MACKAY, Edward	7500 Bryan Dairy Road - #C	Largo, FL 33777

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 10/24/06

Daytime Phone # 727-548-7100

Typed or printed name of signing Managing Member/Manager

MARK D. SOKOLOV, DDS