

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000085890

**FILED**  
**Sep 17, 2007**  
**Secretary of State**

**Entity Name:** LONGEVITY MEDICAL PLC

**Current Principal Place of Business:**

7311 WEST COLONIAL DR  
ORLANDO, FL 32818

**New Principal Place of Business:**

**Current Mailing Address:**

3740 S LAKE ORLANDO PARKWAY  
ORLANDO, FL 32808

**New Mailing Address:**

**FEI Number:** 20-3394967      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

LIZAMA, ANNA M  
3740 S LAKE ORLANDO PARKWAY  
ORLANDO, FL 32808      US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ANNA M LIZAMA

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM      ( ) Delete  
**Name:** LIZAMA, ANNA M  
**Address:** 3740 S LAKE ORLANDO PARKWAY  
**City-St-Zip:** ORLANDO, FL 32808

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: ANNA M LIZAMA

MGRM

09/17/2007

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date