

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

08 AUG 28 PM 2:06

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # L05000109884

1. Limited Liability Company's Name

**SILICONE IMPLANTS FOR MEDICAL PRODUCTS
- SIMA LLC**

200134913922
08/25/08--01057--003 ***421.25
CR2E041 (12/07)

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

11300 N.W. 54 Terrace

Suite, Apt. #, etc.

City & State

Doral, Florida

Zip

33178

Country

USA

3. Mailing Office Address

11300 N.W. 54 Terrace

Suite, Apt. #, etc.

City & State

Doral, Florida

Zip

33178

Country

USA

4. State/Country of Formation

Florida/Miami-Dade

5. Date Organized or Qualified
To Do Business in Florida

11/14/2005

6. FEI Number

☒ 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

Montoya Lopez, P.L.

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

4960 Southwest 72 Avenue

Suite, Apt. #, Etc.

Suite 303

City

Miami

State

FL

Zip Code

33155

☒ 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

Montoya Lopez, P.L.

By: Jorge A. Lopez, Manager

REGISTERED AGENT MUST SIGN

Date August 11, 2008

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	ERNESTO M. ANDRADE	11300 N.W. 54 TERRACE	DORAL, FLORIDA 33178
MGR	HECTOR OTERO	11300 N.W. 54 TERRACE	DORAL, FLORIDA 33178
MGR	CARLOTA ANDRADE	11300 N.W. 54 TERRACE	DORAL, FLORIDA 33178

REINSTATEMENT 06, 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

Daytime Phone (571) 621-9721

Typed or printed name of signing Managing Member/Manager