PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

10 MAR 23 AM 9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

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03/23/10--01011--009 **421.25

CR2E041 (11/09)

DOCUMENT # L06000076912

1. Limited Liability Company's Name

Medspan LLC

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
10659 Hilltop Meadow Point	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Boyaton Beach, FL	City & State
Zip: 33473 Country: USA	Zip Country

4. State/Country of Formation: FL / USA

5. Date Organized or Qualified To Do Business in Florida: 8/03/2006

6. FEI Number: 20-5323104 ☐ 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: LC Caldwell CPA

Street Address (P.O. Box Number is Not Acceptable): 7501 NW 4th Street

Suite, Apt. #, Etc.: 112

City: Plantation State: FL Zip Code: 33317

☒ 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: LC Caldwell Date: 3/15/10
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	Mark Nelson	10659 Hilltop Meadow Point	Boyaton Beach FL 33473
	REINSTATEMENT 08-10		

11. E-mail Address: _____
(To be used for future annual report notifications)

12. 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 608.408, 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.

X Signature of Managing Member/Manager: Mark Nelson Date: 3/15/10 Daytime Phone #: 8132991863

Typed or printed name of signing Managing Member/Manager: _____