

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY
COMPANY
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2011 Dec 29 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000081145

1. Limited Liability Company's Name

PALM BAY HEARING AID CENTER LLC

000215826220
01/03/12--01042--025 **238.00
CR2E041 (1/11)

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

754 MALABAR RD

3. Mailing Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY, FL

City & State

Zip

32907

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA/US

5. Date Organized or Qualified
To Do Business in Florida

08/08/2007

6. FBI Number

26-0587642

☒ Applied For☐ Not Applicable7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

Name

JOHN J. ROBERTS

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

754 MALABAR RD

Suite, Apt. #, Etc.

City

PALM BAY

State

FL

Zip Code

32907

E-mail Address:

JRoberts97@gmail.com

MELBOURNETAXSLAYER@GMAIL.COM

(To be used for future annual report notices)

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 12/27/11

REGISTERED AGENT MUST SIGN

10. Name and Street Addresses of Managing Members/Managers

| Titles | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager | City / State / Zip |
|--------|--------------------------------------|---|--------------------|
| MGR | JOHN J. ROBERTS | 754 MALABAR RD | PALM BAY, FL 32907 |
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REINSTATEMENT

11/27/11

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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.165, F.S.

Signature of Managing
Member/Manager

Date 12/27/2011

Daytime Phone # 321-369-3900

Typed or printed name of signing Managing Member/Manager