1852

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT 2014

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
14 OCT 10 AM 8:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L07000127937

1. Limited Liability Company's Name
MEDIISYS MEDICAL, LLC

CR2E041 (1/14)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
13764 Sachs Ave	13764 Sachs Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32827 Country: USA	Zip: 32827 Country: USA

4. State/Country of Formation: Florida

5. Date Organized or Qualified To Do Business in Florida: 12/28/2007

6. FEI Number: 26-1648510 ☐ 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: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

Suite, Apt. #, Etc.:

City: Tallahassee State: FL Zip Code: 32301

500265311325

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of Registered Agent: Courtney Williams Date: 10.09.14

REGISTERED AGENT MUST SIGN Asst. Vice President

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AMBR	Larry Ware	13764 Sachs Ave	Orlando, FL 32827

11. E-mail Address: waremi@mac.com
(To be used for future annual report notifications)

12. I certify that I am an authorized representative/manager of this 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 605.0012, 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 to the Department of State constitutes a third degree felony as provided in s. 817.155, F.S.

Signature of Authorized Representative/Manager: Larry Ware Date: 10/7/14 Daytime Phone #: 813 965 3252

Typed or printed name of signing Authorized Representative/Manager: Larry Ware, Member

K. ASHTON

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 328053 7623588

AUTHORIZATION : Lynn Coleman

COST LIMIT : $ 298.75

ORDER DATE : October 7, 2014

ORDER TIME : 9:34 AM

ORDER NO. : 328053-010

CUSTOMER NO: 7623588

DOMESTIC FILINGS

2014 OCT -6 AM 11:03

NAME: MEDIISYS MEDICAL, LLC

XX ___ REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - Ext# 62935

EXAMINER'S INITIALS _____