

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

10 APR 13 AM 11 09

DOCUMENT # L08 000003464

1. Limited Liability Company's Name

Innocase Surgical, LLC

600175655936  
04/14/10--01002--019 \*\*277.50

CR2E041 (11/09)

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

1306 New Town Ave

Suite, Apt. #, etc.

3. Mailing Office Address

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Zip

32835

Country

US

Zip

Country

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified  
To Do Business in Florida

1-10-08

6. FEI Number

11-3832331

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

Donald Aicher, Jr

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

2457-A S Howassee Rd #134

Suite, Apt. #, Etc.

OR

City

Orlando

State

FL

Zip Code

32835

☒ 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

Don L. Aicher

REGISTERED AGENT MUST SIGN

Date 4/9/2010

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
PM	Donald Aicher Jr	2457-A S Howassee Rd #134 <del>Orlando</del>	Orlando FL 32801

REINSTATEMENT 2009, 2010

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 608.406, 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

Don L. Aicher

Date 4/9/2010

Daytime Phone # 407-782-9606

Typed or printed name of signing Managing Member/Manager

T. Hampton APR 14 2010