L09000042840

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 NOV -9 PM 1:07

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L09000042840

1. Limited Liability Company's Name

BIODERMAL LABS, LLC

BK

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000187579970

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
901 BRICKELL KEY BLVD.		901 BRICKELL KEY BLVD.	
Suite, Apt. #, etc. APT. 3103		Suite, Apt. #, etc. APT. 3103	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33131	Country USA	Zip 33131	Country USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 05/04/2009

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: CORPORATION SERVICE COMPANY

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

Suite, Apt. #, Etc.:

City	State	Zip Code
TALLAHASSEE	FL	32301

BK

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: Antonio W Jones, Assistant VP — Date: 11/8/10

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	MATTHEW J. WANDERER	901 BRICKELL KEY BLVD., APT. 3103	MIAMI, FL 33131

REINSTATEMENT 2010

11. E-mail Address: mjwanderer@alternace.com

(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: — Date: 11/2/10 — Daytime Phone #: 305-984-3864

Typed or printed name of signing Managing Member/Manager: MATTHEW J. WANDERER

CSC.

CORPORATION SERVICE COMPANY

L09000042840

ACCOUNT NO. : I20000000195

REFERENCE : 569846 7704254

AUTHORIZATION :

COST LIMIT : $ 238.75

ORDER DATE : November 8, 2010

ORDER TIME : 4:41 PM

ORDER NO. : 569846-005

CUSTOMER NO: 7704254

RECEIVED
10 NOV -9 AM 10:44
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

DOMESTIC FILINGS

NAME: BIODERMAL LABS, LLC

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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

CONTACT PERSON: Troy Todd - Ext# 2940

EXAMINER'S INITIALS _____

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