


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

LIMITED LIABILITY COMPANY REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		NOV 28 PM 5:20 SECRETARY OF STATE TALLAHASSEE, FLORIDA
DOCUMENT # L10000095689 1. Limited Liability Company's Name <h1 style="margin: 10px 0;">INGEMEDICA, LLC.</h1>				
2. Principal Office Address - No P.O. Box # 1500 WESTON RD. Suite, Apt. #, etc. SUITE 200 City & State WESTON, FL. Zip 33326		3. Mailing Office Address 1500 WESTON RD. Suite, Apt. #, etc. SUITE 200 City & State WESTON, FL. Zip 33326		4. State/Country of Formation FLORIDA - USA 5. Date Organized or Qualified To Do Business in Florida 09/13/2010 6. FEI Number 42-1773310 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status
Country USA		Country USA		
8. Name and Address of Current Registered Agent Name F & S PROJECTS, CORP. / RAFAEL FERRER Street Address (P.O. Box Number is Not Acceptable) 1500 WESTON RD. Suite, Apt. #, Etc. SUITE 200 City WESTON				E-mail Address: 100240022391 09/25/12--01023--016 **238.75 (To be used for future annual report notices)
State FL Zip Code 33326				
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 09/10/2012 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	SANTANA, DOMINGO	1500 WESTON RD STE. 200	WESTON, FL. 33326	
MGRM	SALUM, LISSEL	1500 WESTON RD STE. 200	WESTON, FL. 33326	
NOV 29 2012 L. SELLERS				
<h2 style="margin: 0;">REINSTATEMENT</h2>				
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.817.155, F.S.				
Signature of Managing Member/Manager _____ Date 13/09/2012 Daytime Phone # _____				
Typed or printed name of signing Managing Member/Manager				