

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

2021 MAR 17 AM 8:24

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L18000123975

1 Limited Liability Company's Name

International Medical Instruments, LLC

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

914 Scenic Highway

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503-6852

Country

US

3. Mailing Office Address

914 Scenic Highway

Suite, Apt. #, etc.

City & State

Pensacola, FL

Zip

32503-6852

Country

US

8 Name and Address of Current Registered Agent

Name

Nelson Tobin

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

914 Scenic Highway

Apt. #, Etc.

City

Pensacola

State

FL

Zip Code

32503-6852

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

[Signature]

Date 02/28/2021

REGISTERED AGENT MUST SIGN

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
Member	Nelson Tobin	914 Scenic Highway	Pensacola, FL 32503-6852

11. E-mail Address nelsontobin@gmail.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement 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 in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

[Signature] 3/5/21

Date

Daytime Phone #

813-418-0640

Typed or printed name of signing authorized representative/member

Nelson Tobin

T. MOORE