

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 23 PM 1:58

DOCUMENT # L97000000448

1. Limited Liability Company's Name

MELI MEDICAL PRODUCTS, LLC

10/14/99

800003782039--7
-02/27/01--01033--006
***250.00 ***250.00

2. Principal Office Address

13831 SW 59th St.

Suite, Apt. #, etc.

Suite 207

City & State

Miami FL

Zip

33183

Country

USA

3. Mailing Office Address

13831 SW 59th St.

Suite, Apt. #, etc.

Suite 207

City & State

Miami, FL

Zip

33183

Country

USA

4. State/Country of Formation

FL / USA

5. Date Organized or Qualified
To Do Business in Florida

4/24/1997

6. FEI Number

65-0788387

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

Nathan I. Leder

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

13831 SW 59th St.

Suite, Apt. #, Etc.

Suite 207

City

Miami

State

FL

Zip Code

33183

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

[Signature]

Date 12/14/2000

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
Mem.	Manuel S. Neto	13831 SW 59 th Ave., Suite 207	Miami, FL 33183
Mem.	Elinee Z. Simplicio	13831 SW 59 th Ave., Suite 207	Miami, FL 33183

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.

Signature of
Managing Member/Manager

[Signature]

Date 12/28/00

Daytime Phone #

Typed or printed name of signing Managing Member/Manager

Manuel S. Neto

fee \$200.00 + \$5 cert. (optional)

CR2041 (9/99)

SANDLER, TRAVIS & ROSENBERG, P.A.

ATTORNEYS AT LAW
THE WATERFORD
5200 BLUE LAGOON DRIVE

MIAMI, FL 33126-2022

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TRADE ADVISORY SERVICES

DETROIT
CONSULTING SERVICES

February 20, 2001

* NOT ADMITTED IN FL
† BOARD CERTIFIED IMMIGRATION & NATIONALITY LAW
†† RESIDENT IN ARGENTINA
PRACTICE LIMITED TO ARGENTINIAN MATTERS ONLY
▼ BOARD CERTIFIED INTERNATIONAL LAW

Florida Department of State
Registration/Qualification Section
409 East Gaines Street
Tallahassee, FL 32399

Via Federal Express

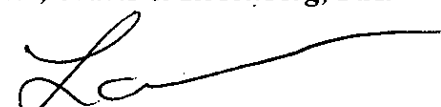
RE: Reinstatement of Meli Medical Products, LLC

Dear Sirs:

Enclosed please find the reinstatement form and check number _____ in the amount of \$250.00 to cover the filing and reinstatement fees for MELI MEDICAL PRODUCTS, LLC.

Thank you for your cooperation in this matter, and we look forward to receiving confirmation of reinstatement at your earliest convenience.

Sincerely yours,
Sandler, Travis & Rosenberg, P.A.

By: 
Lauren V. Perez
IPR Trade Advisor

Enclosure

William\MeliMedicalReinstatementCvrLtr.doc