

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

00 OCT 30 PM 11:02

DOCUMENT #

L99-8899

1. Limited Liability Company's Name

GLACIER MEDICAL, L.L.C

REINSTATEMENT 2000

2. Principal Office Address

13014 N. Dale Mabry

Suite, Apt. #, etc.

Ste. 319

City & State

Tampa

Zip

33618

Country

U.S.

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

FL.

Zip

Country

4. State/Country of Formation

FLA / U.S.A.

5. Date Organized or Qualified
To Do Business in Florida

12/17/99

6. FEI Number

59-3653680

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

Business Filings Incorporated

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

1 E. Broward Blvd.,

Suite, Apt. #, Etc.

Suite 700

City

Fort Lauderdale

State
FL

Zip Code

33301

800003459438-4

11/03/00-01096-017

****150.00 ****150.00

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

Richard Oster
Vice President, Business Filings Incorporated

Date 10-24-00

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
Pres.	Richard R. Powell	13014 N. Dale Mabry Ste. 319	Tampa, FL 33618

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

Richard R. Powell

Date 10/17/2001 Daytime Phone# 813.908.3862

Typed or printed name of signing Managing Member/Manager