

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

2010 MAY 28 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000181388000  
05/26/10--01030--010 \*\*416.25

CR2E041 (11/09)

LIMITED LIABILITY  
COMPANY  
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # M03000003869

1. Limited Liability Company's Name

WOUND CARE INNOVATIONS, LLC

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
790 E BROWARD BLVD II		777 MAIN ST	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Ste 400		Ste 3100	
City & State		City & State	
Ft Lauderdale, FL		Ft WORTH, TX	
Zip	Country	Zip	Country
33301	USA	76102	USA

4. State/Country of Formation

NEVADA

5. Date Organized or Qualified  
To Do Business in Florida

Nov 2003

6. FEI Number

200170462

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

MICHAEL B. MANES

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

633 S. FEDERAL HWY

Suite, Apt. #, Etc.

Ste 300 A

City

FORT Lauderdale

State

FL

Zip Code

33301

☒ A \$100 reinstatement fee is imposed, except  
in circumstances which the entity did not  
receive the prior notices. By checking this  
box, you are certifying the prior notices were  
not received and requesting the \$100  
reinstatement be waived.

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

M. Manes

Date 5/24/10

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
Mgr	Scott A. Haice	777 MAIN ST #3100	FORT WORTH, TX 76102
REINSTATEMENT-08-10			

11. E-mail Address: mmusc@HEBTECH.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

Scott A. Haice

Date 5-24-10

Daytime Phone # 817 820 7080

Typed or printed name of signing Managing Member/Manager

C.S.