PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
10 JUL 20 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

CR2E041 (05/10)

DOCUMENT # M04000003491

1. Limited Liability Company's Name

DaRT Chart Systems, L.L.C.

2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
3825 West Green Tree Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Milwaukee, WI			
Zip	Country	Zip	Country
53209	USA		

4. State/Country of Formation: Wisconsin

5. Date Organized or Qualified To Do Business in Florida: 8/25/2004

6. FEI Number: 39-1945282 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

8. Name and Address of Current Registered Agent

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road

Suite, Apt. #, Etc.:

City	State	Zip Code
Plantation	FL	33324

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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: Ashley Pipes — Assistant Secretary Ashley Pipes — Date: 07-16-10

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	Bernard Hoffmann	3825 West Green Tree Road	Milwaukee, WI 53209
MGR	Linda Kunz	3825 West Green Tree Road	Milwaukee, WI 53209
	REINSTATEMENT 05-10		

11. E-mail Address: slipson@reinhartlaw.com AND bhoffmann@dartchart.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: Bernard Hoffmann — Date: 7/14/2010 — Daytime Phone #: 414-247-3100

Typed or printed name of signing Managing Member/Manager: Bernard Hoffmann, Manager

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