

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 APR 25 PM 2:52

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M09000003131

1. Limited Liability Company's Name

Fifty 50 Medical, LLC

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

2306 Cambridge Drive

Suite, Apt. #, etc.

City & State

Sarasota, FL

Zip

34232

Country

USA

3. Mailing Office Address

Same

Suite, Apt. #, etc.

City & State

Zip

Country

4. State/Country of Formation

Delaware

5. Date Organized or Qualified
To Do Business in Florida

6/9/2009

6. FEI Number

412232325

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

Corporation Service Company

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

1201 Hays Street

Suite, Apt. #, Etc.

City

Tallahassee

State

FL

Zip Code

32301

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

Jeanine Reynolds

Date

4-25-11

REGISTERED AGENT MUST SIGN

as its agent

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 |
|--------|--------------------------------------|---|----------------------|
| Manger | George R. Lynch | 1420 Valwood Parkway #205 | Carrollton, TX 75006 |
| | | | |
| | | | |
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REINSTATEMENT

2010-2011

11. E-mail Address:

(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

Date

Daytime Phone #

(772) 203 2727

Typed or printed name of signing Managing Member/Manager George R. Lynch



CORPORATION SERVICE COMPANY

M090000003131

ACCOUNT NO. : I20000000195

REFERENCE : 754485 7580065

AUTHORIZATION :

COST LIMIT : \$ ~~758.45~~

Lyndee

ORDER DATE : April 25, 2011

ORDER TIME : 12:34 PM

ORDER NO. : 754485-005

CUSTOMER NO: 7580065

377.50

REINSTATEMENT

NAME: FIFTY 50 MEDICAL, LLC

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

11 APR 25 PM 1:56

RECEIVED

XX REINSTATEMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS

JK

11 APR 25 PM 2:52

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DIVISION OF CORPORATIONS