

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**


FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15000000331

1. Limited Liability Company's Name

Baylor Miraca Genetics Laboratories, LLC

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

2450 Holcombe Blvd.

Suite, Apt. #, etc.

#2210

City & State

Houston Texas

Zip

77021

Country

USA

3. Mailing Office Address

2450 Holcombe Blvd.

Suite, Apt. #, etc.

#2210

City & State

Houston Texas

Zip

77021

Country

USA

8. Name and Address of Current Registered Agent

Name

CAPITOL CORPORATE SERVICES, INC.

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

515 EAST PARK AVENUE

Apt. #, Etc.

2ND FL

City

TALLAHASSEE

State

FL

Zip Code

32301

4. State/Country of Formation

Texas

5. Date Organized or Qualified
To Do Business in Florida

1/14/2015

6. FEI Number

47-2290309

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐\$5.00 Additional Fee required
for a certificate of status

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered AgentMerritt WalkerMerritt Walker, Asst. Secretary on behalf
of Capitol Corporate Services, Inc.

Date 12/26/2024

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representatives/ Managers	Street Address of Each Authorized Representative/ Manager	City / State / Zip
AR	Kengo Takishima	2450 Holcombe Blvd. #2210	Houston, Texas 77021
MGR	Brendan Lee	One Baylor Plaza Cullen Bldg. #106A	Houston, Texas 77030
MGR	Joseph Petrosino	One Baylor Plaza Cullen Bldg. #106A	Houston, Texas 77030
MGR	Naoki Kitamura	Akasaka Intercity AIR, 1-8-1, Akasaka, J	Tokyo 107-0052, Japan
MGR	Yuji Kato	Yuji Kato Akasaka Intercity AIR, 1-8-1, A	Tokyo 107-0052, Japan

11. E-mail Address: legal@baylorgenetics.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, 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 requirement of section 605.0012, 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. I am aware that false information submitted in a document to the Department of State constitutes a felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Kengo Takishima

Date 12/18/2024

Daytime Phone #

800-411-4363

T. WILSON

DEC 27 2024

Typed or printed name of signing authorized representative/member

Kengo Takishima

FILED
2024 DEC 27 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E041 (1/14)



Filing Cover Sheet

Sunbiz Prepaid Account # I20160000017

To: Florida Division of Corporations

From: Merritt Walker C/O Capitol Services, Inc.

Date: 12/26/2024

Trans#: 1515225

Entity Name: BAYLOR MIRACA GENETICS LABORATORIES, LLC

Articles of Organization ()

Amendment ()

Articles of Dissolution ()

Annual Report ()

Conversion ()

Fictitious Name ()

Foreign Qualification ()

Limited Liability ()

Limited Partnership ()

Merger ()

Reinstatement (✓)

Withdrawal / Cancellation ()

Other ()

Partnership Registration ()

STATE FEES PREPAID WITH SUNBIZ ACCT #I20160000017 in the amount of \$1,071.25 **932.50**

PLEASE RETURN:

Certified Copy () Plain Stamped Copy (✓)

Good Standing () Certificate of Fact ()