

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 16 PM 11:02

DOCUMENT # M96000000083

1. Limited Liability Company's Name

Bay Area Sleep Diagnostic Center, LLC.
m96000000083

2. Principal Office Address

3802 Ehrlich Rd

Suite, Apt. #, etc.

#307

City & State

Tampa FL

Zip

33624

Country

USA

3. Mailing Office Address

3802 Ehrlich Rd

Suite, Apt. #, etc.

#307

City & State

Tampa FL

Zip

33624

Country

USA

4. State/Country of Formation

Louisiana USA

**5. Date Organized or Qualified
To Do Business in Florida**

Nov 1995?

6. FEI Number

72-1311990

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

Bay Area Sleep Diagnostic Center - Edward Killmer

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

3802 Ehrlich Rd Suite 307

Suite, Apt. #, Etc.

Suite 307

City

Tampa

State

FL

Zip Code

33624

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

[Signature]

Date

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
manager	Edward Killmer	3802 Ehrlich Rd #307	Tampa FL 33624

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

[Signature]

Date

Daytime Phone #

813 264-9050

Typed or printed name of signing Managing Member/Manager

Edward Killmer