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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

M98000001254

1 of 2

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Glenda Hood
Secretary of State
DIVISION OF CORPORATIONS

FILED
03 JUN 17 PM 12:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # M98000001254

Name and Mailing Address

0007893 01 FP 0.352 **PRSRT T4 0 0615 40010-880004

MEDASTAT USA, LLC
3512 MATTINGLY RD
SUITE 4
BUCKNER KY 40010-8800

CR2E084 (8/02)

2. New Mailing Address
1920 Stanley Gault Parkway Suite 100
City, State, Zip
Louisville, KY 40223

4. State/Country of Formation
KY

5. Date Organized or Qualified To Do Business in Florida
10/28/1998

Principal Place of Business
3512 MATTINGLY RD
SUITE 4
BUCKNER KY 40010

3. New Principal Place of Business Address
1920 Stanley Gault Parkway Suite 100
City, State, Zip
Louisville, KY 40223

6. FEI Number
61-1329489
☐ 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

RAY, CHRIS
5835 WINDHAM RD
MILTON FL 32570

9. Name and Address of New Registered Agent

Name: Jeff Lovell
Street Address (P.O. Box Number is Not Acceptable)
3924 Indian Trail
City: Destin FL Zip Code: 32541

10. 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: See Attached (Signature Highlighted)
REGISTERED AGENT MUST SIGN

700020901277
06/17/03 Date 1010--002 **200.00

11. Names and Street Addresses of Each Managing Member/Manager

Title(s)	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	MCKIM, KEVIN	~~3512 MATTINGLY RD SUITE 4~~ 1920 Stanley Gault Parkway Suite100	~~BUCKNER KY 40010~~ Louisville, KY 40223
MGR	LAMKIN, JEFF (Controller)	1920 Stanley Gault Parkway Suite 100	Louisville, KY 40223

REINSTATEMENT 02-03

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: [signature] Date 6/12/03 Daytime Phone # 502-489-9449 (205) Ext

Typed or printed name of signing Managing Member/Manager

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. DOCUMENT # M98000001254
Name and Mailing Address

D007893 01 FP 0.392 ***PRSRT T4 0 0615 40010-880004
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SUITE 4
BUCKNER KY 40010-8800

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Signature of Managing Member/Manager _____ Date _____ Daytime Phone # _____

Typed or printed name of signing Managing Member/Manager _____