PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPROVED AND FILED

02 MAR -7 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M99000004468

1. Limited Liability Company's Name

KISSIMMEE MEDICAL TECHNOLOGIES, LLC

REINSTATEMENT 2000-2002

2. Principal Office Address	**3.** Mailing Office Address
725 NORTH A1A	725 NORTH A1A
Suite, Apt. #, etc. SUITE B105	Suite, Apt. #, etc. SUITE B105
City & State JUPITER, FL	City & State JUPITER, FL
Zip 33477 Country USA	Zip 33477 Country USA

4. State/Country of Formation: FL

5. Date Organized or Qualified To Do Business in Florida: 3/29/1999

6. FEI Number: X 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: MARY LYNN MAGAR

500005072965--1
-03/08/02--01048--009
****250.00 ****250.00

Street Address (P.O. Box Number is Not Acceptable): 725 NORTH A1A, SUITE B105

Suite, Apt. #, Etc.:

City: JUPITER State: FL Zip Code: 33477

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: X Mary Magar Date: 2/13/02
REGISTERED AGENT MUST SIGN

CR2E041 (9/01)

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
MMBR	MARY LYNN MAGAR	8782 RIVERFRONT TERR.	TEQUESTA, FL 33469
MBR	LAWRENCE A. MAGAR	94 TURTLE CREEK DRIVE	TEQUESTA, FL

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: X Mary Magar Date: 2/13/02 Daytime Phone#: 561-743-7455

Typed or printed name of signing Managing Member/Manager: Marylynn Magar