

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



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

DOCUMENT # M99000000850

1. Limited Liability Company's Name

Medcler II LLC

2. Principal Office Address

923 Toppino Drive

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

3. Mailing Office Address

923 Toppino Drive

Suite, Apt. #, etc.

City & State

Key West FL

Zip

33040

Country

**FILED**

01 NOV -5 PM 12:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**REINSTATEMENT**

2001

4. State/Country of Formation

5. Date Organized or Qualified  
To Do Business in Florida

6. FEI Number

65-0681963

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

700004685327-4

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

1201 Hays Street

11/16/01-01051-030

\*\*\*\*\*50.00 \*\*\*\*\*50.00

Suite, Apt. #, Etc.

City

Tallahassee FL

State

FL

Zip Code

32301-2525

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]

**BRIAN COURTNEY, ASST. V.P.**

REGISTERED AGENT MUST SIGN

Date 10-23-01

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

MEM

Dedrick, Warren

727 Washington St.

Key West FL 33040

700004685327-4

11/16/01-01051-031

\*\*\*\*\*100.00 \*\*\*\*\*100.00

11. I certify that I am managing member/manager or the receiver, 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 11/16/11 Daytime Phone 518-7900

Typed or printed name of signing Managing Member/Manager