

11/15/01 10:49 FAX

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 NOV 16 PM 2:25

CORPORATION REINSTATEMENT

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

DOCUMENT # F00000003071

1. Corporation Name

Mermaid Medical, Inc.

100004706051--1
-12/05/01--01053--016
****150.00 ****150.00

2. Principal Office Address

605 E. Robinson Street

3. Mailing Office Address

1614 Lakeside Dr.

Suite, Apt. #, etc.

Suite 523

Suite, Apt. #, etc.

4. Date Incorporated or Qualified To Do Business in Florida

5/26/00

City & State

Orlando, FL

City & State

Orlando, FL

5. FEI Number

59-3641476

Applied For
Not Applicable

Zip

32801

County

Orange

Zip

32803-1508

Country

Orange

6. CERTIFICATE OF STATUS DESIRED ☐

STATE AUTHORITY TO REVOKE
FOR FAILURE TO COMPLY WITH
FEDERAL REQUIREMENTS

7. Name and Address of Current Registered Agent

Name

Rebecca R. Irish

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

1614 Lakeside Drive

Suite, Apt. #, Etc.

City

Orlando

State
FL

Zip Code

32803-1508

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

Rebecca R. Irish

REGISTERED AGENT MUST SIGN

Date

11/15/01

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Rebecca R. Irish	1614 Lakeside Dr.	Orlando, FL 32803-1508
8/T	Jessica M. Powers	1021 Atkins Place	Orlando, FL 32804

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 118.07(3)(x), F.S. 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:

Rebecca R. Irish

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/15/01 407-493-3600

Daytime Phone #

BB

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Mermaid Medical, Inc.
1614 Lakeside Drive
Orlando, Florida 32803
Phone 407-895-9449
Fax 407-895-2088

November 15, 2001

Department of State
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

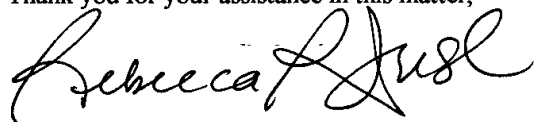
RE: CORPORATE REINSTATEMENT – Mermaid Medical, Inc.
Document #F00000003071

Dear Sir or Madam:

I have become aware that my corporation, Mermaid Medical, Inc. has been administratively dissolved in Florida. I did not receive any correspondence related to the annual reporting for this corporation. We had a change of address which I thought was reported to Florida by the agent I use in Delaware, the state of domicile for Mermaid Medical, Inc. Apparently that did not happen.

I believe I have included the proper paperwork to reinstate Mermaid Medical, Inc. and am requesting a waiver of the reinstatement fee of \$600. I have enclosed a check for \$150 at the advice of my attorney to effect this reinstatement. Please call me at 407-493-3600 if there is any problem with these documents as presented.

Thank you for your assistance in this matter,



Rebecca R. Irish
President

Enclosures