PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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~~CORPORATION~~ REINSTATEMENT

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

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DOCUMENT # F00000003071

1. Corporation Name
Mermaid Medical, Inc.

2. Principal Office Address	3. Mailing Office Address
605 E. Robinson Street	1614 Lakeside Dr.
Suite, Apt. #, etc.: Suite 523	Suite, Apt. #, etc.:
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32801 Country: Orange	Zip: 32803-1508 Country: Orange

4. Date Incorporated or Qualified To Do Business in Florida: 5/26/00

5. FEI Number: 59-3641476 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

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 Date: 11/15/01
REGISTERED AGENT MUST SIGN

CR2E041 (9/00)

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
S/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 119.07(3)(i), 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 11/15/01 407-493-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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