

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 OCT 23 PM 1:54

DOCUMENT # **N98000007382**

1. Corporation Name

**CARDIOSTART INTERNATIONAL, INCORPORATED**

Principal Place of Business

Mailing Address

1722 CARDINAL DR  
CLEARWATER FL 34619

512 WHITE OAK AVENUE  
BRANDON FL 33510  
US



If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

12/31/1998

5. FEI Number

43-1791079

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required  
for a Certificate of Status

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

100003469631--9

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director	4 City/State/Zip
PDC	MARATH, AUBYN	1722 CARDINAL DRIVE	CLEARWATER FL 33759
S	TAYLOR, PATRICIA L	1722 CARDINAL DRIVE	CLEARWATER FL 33759
<del>TD</del>	<del>TOWNE, DAVID SR</del>	<del>11903 NORTH 53RD STREET</del>	<del>TAMPA FL 33617</del>
D	MULHERN, CHARLES	512 WHITE OAK AVENUE	BRANDON FL 33510
TD	Virginia Collins	4008 San Nicholas	Tampa, FL 33629

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

MULHERN, CHARLES H.A.  
512 WHITE OAK AVE  
BRANDON FL 33510

Name		
Street Address (P.O. Box Number is Not Acceptable)		
Suite, Apt. #, Etc.		
City	State <b>FL</b>	Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

*Charles H.A. Mulhern*  
REGISTERED AGENT MUST SIGN

Date *Oct 17, 2000*

11. 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:

*Charles H.A. Mulhern*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Oct 17, 2000* *813-689-3299*  
Date Daytime Phone #

CR2E040 (8/00)