

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT



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

FILED

20 AUG 11 PM 2:06

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **PO7000093914**

1. Corporation Name
Bloch Medical INC.

Principal Place of Business Mailing Address
**7361 NW 78 ST.
 MIAMI, FLA 33166**

REINSTATEMENT 98-99@

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		4. Date Incorporated or Qualified To Do Business in Florida SEPT 97	
Suite, Apt. #, etc		Suite, Apt. #, etc		5. FEI Number 65-0795725	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$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)			
1. Title(s)	2. Name of Officers and/or Directors	3. Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4. City / State / Zip
Pres	Don ANDERSEN	8901 Byron Ave	SURFSIDE, FL 33154
Sec.	Rosie ANDERSEN	8901 Byron Ave	SURFSIDE FL 33154
Treas.	Stephen Killeke	10401 NW 6th ST	Plantation FL 33324

8. Name and Address of Current Registered Agent		9. Name and Address of New Registered Agent	
Don ANDERSEN 8901 Byron Ave. SURFSIDE FL 33154		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, Etc	
		City	State FL

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: REGISTERED AGENT MUST SIGN Date: _____

11. This corporation owes the current year Intangible Personal Property Tax due June 30. Yes No (See other side for information on intangible tax)

12. 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 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **3-1-99** Day/mc Phone #: **305 284-4044**

CR2E03 (12/98)