

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



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

**FILED**

00 APR 21 PM 12:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #

P960000 88140

**1. Corporation Name**

Analyzer Medical International, Inc.  
1575 Aviation Center Parkway  
Suite 406  
Daytona Beach, FL 32114

**2. Principal Office Address**

1575 Aviation Center Pkwy.

Suite, Apt. #, etc.

Suite 406

City & State

Daytona Beach

Zip

32114

Country

USA

**3. Mailing Office Address**

SAME

SAME

Suite, Apt. #, etc.

SAME

City & State

SAME

Zip

SAME

Country

SAME

**4. Date Incorporated or Qualified  
To Do Business in Florida**

March, 1995

**5. FEI Number**

59-3446975

Applied For

Not Applicable

**6. CERTIFICATE OF STATUS DESIRED** ☐

\$8.75 Additional Fee required  
for a Certificate of Status

**7. Name and Address of Current Registered Agent**

Name

G. Curtis Ridgard

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

1575 Aviation Center Parkway

Suite, Apt. #, Etc.

Suite 406

City

Daytona Beach

State

FL

Zip Code

32114

**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

*G. Curtis Ridgard*

REGISTERED AGENT MUST SIGN

Date 03-08-00

**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
Officer	Laikhunnisa Aziz	1400 S. Nova Rd., #342	Daytona Beach, FL 32114
Pres.	G. Curtis Ridgard	P.O. Box 10679	Daytona Beach, FL 32120
			99-00AR 1175

**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:

*G. Curtis Ridgard*

G. Curtis Ridgard

3/8/00

904-258-9001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #