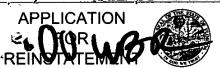
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## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT#** 

P97000004963

1. Corporation Name

ACUFLOW, INC.

FILED

00 DEC 19 PM 3: 44

SECRETARY OF STATE
FALL SHASSET CHORSE

| ,,,,,,,  |   |  |  |   | 1ºPALL  | ANASSEE, FLORIDA                     |   |
|--|---|--|--|---|---|--------------------------------------|---|
| Principal Place of Business Mailing                          |   | Mailing Addre  | Address  |   | ,   |                                      |   |
| 5585 PENNOCK POINT RD<br>JUPITER FL 33458                    |   | 5585 PENNOCK POINT RD<br>JUPITER FL 33458              |  |   |   |                                      |   |
| If above a   | ddresses are incorrect in any way, line thro  | ugh incorrect inf                                      | formation and enter of   | correction below.   |   |                                      |   |
| New Principal Office Address, If Applicable     3. New Malli |   |  | ing Office Address, If Applicable                                      |   | Date Incorporated or Qualified     To Do Business in Florida     01/13/1997 |                                      |   |
| Suite, Apt. 2  | 16 PARIC PLACESCY   | Suite, Apt. #, City & State                            | BANK A   | nce B(vd.   | 5. FEI Number   |                                      | Applied For                             |
| Me   | llosurge, FC  | mello  | ou are F   | ~   | 6.  |                                      | Not Applicable  Additional Fee required |
| <sup>Zip</sup> 329;  | 35 BREVARD  | <sup>zip</sup> 3293:                                   | Country Bre  | vauel   | CERTIFICATE   |                                      | r a Certificate of Status               |
| 7. Names a   | and Street Addresses of Each Officer and/o  | r Director (Flor                                       |  |   | *****   |                                      |   |
| Title(s)<br>1  | Name of Officers and/or Directors   |  | Off  | Street Address of Each<br>Officer and/or Director                   |   | City / State / Zip                   |   |
| PD   | HARDEE, ROBERT  | 5585 PENNOCK POINT                                     |  | POINT RD  | JUPITER FL 33458  |                                      |   |
| VP   | JOHNSON, MARTIN DR 6550 N V   |  | 6550 N WICKHA  | 50 N WICKHAM RD   |   | MELBOURNE FL 32940                   |   |
| ST   | T GREEN, SHERRI   |  | UNIVERSITY OF SOUTH FLORIDA  |   | TAMPA FL  |                                      |   |
| 5  | -   |  |  |   | 41  | 30003524<br>-01/05/010<br>****150,00 | 44477<br>1019004<br>****150,00          |
|  | 8. Name and Address of Current R  | egistered Age  | nt   | 1   | 9. Name and Address of New Registered Agent                                 |                                      |   |
|  |   |  |  | Name  |   |                                      |   |
| HARDEE, ROBERT  5585 PENNOCK POINT RD                        |   |  | Street Address (F  | IS (P.O. BOX MATTHEW T. BURKE CRA<br>503 N. ORLANDO AVE., SUITE 106 |   |                                      |   |
| JUPITER FL 33458   |   |  |  | Suite, Apt. #, Etc. COCOA BEACH, FL 32931                           |   |                                      |   |
|  |   |  |  | City  | ···   | State<br>FL                          | Zip Code                                |
| 10. I, being<br>Signature of<br>Registered                   | Agent ////////////////////Agent   | Such   | ration, am familiar wi   | ith and accept the ol   | oligations of Secti   | on 607.0505, F.S.<br>Date            | 100                                     |
| this rein<br>owed by   | that I am an officer or director or the receive statement application, the reason for dissoly the corporation have been paid and the napplication is true and accurate, and my sign | er or trustee em<br>ution has been<br>ames of individu | powered to execute<br>eliminated, the corpo<br>uals listed on this for | orate name satisfies<br>m do not qualify for                        | the requirements<br>an exemption und  | of section 607.0401 or 617.04        | 01, F.S., that all fees                 |

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

//// Jate / Date

Daytime Phone #



Phone 321-242-8329 FAX 321-259-1345 email emtel@brevard.net

November 19, 2000

Katherine Harris Secretary of State Division of Corporations

Reference: AcuFlow, Inc. Application for Reinstatement

In January of this year AcuFlow mailed the Division of Corporations a change of address and change of Registered Agent. Evidently, for some reason this correspondence was not received or misplaced in transit. As a consequence AcuFlow headquarters never received the original Corporate Reporting Form. They just recently received the reinstatement document enclosed.

AcuFlow has again filed for change of registered agent to Mathew T, Burke, CPA at 503 N. Orlando Avenue, Suite 106, Cocoa Beach, Florida 32931. Our new corporate office is located at the address below.

We would appreciate your understanding that the delay in filing the Yearly Report was due to the loss of documentation of our change of address and registered agent and not any purposeful neglect in responding on time. We have enclosed a check for \$150.00 for the Annual Report Fee. Please reinstate AcuFlow in accordance with the new information on the form.

Thank you for your consideration.

Sincerely.

Bob Hardee

Original Registered Agent

AcuFlow, Inc.

Cc: Distribution A



