

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED

04 APR 26 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

467738

1. Corporation Name

TI-CO MEDICAL INSTRUMENTS

REINSTATEMENT 03-04

2. Principal Office Address

660 COX ROAD

Suite, Apt. #, etc.

UNIT#3

City & State

COCOA, FLORIDA

Zip

32926

Country

USA

3. Mailing Office Address

P.O. BOX 236217

Suite, Apt. #, etc.

City & State

COCOA, FLORIDA

Zip

32923-6217

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida 1974

5. FEI Number

59-1661529

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

300033897953
04/26/04--01034--009 **300.00

7. Name and Address of Current Registered Agent

Name

WRIGHT, SCOTT

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

2285 W. EAU BLVD

Suite, Apt. #, Etc.

City

MELBOURNE

State

FL

Zip Code

32935

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

REGISTERED AGENT MUST SIGN

Date

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
DIR.	E.J. SIMICICH	4673 S. FRIDAY CIRCLE	COCOA, FL. 32926
DIR.	STEVE SIMICICH	11901 S.W. 91ST AVE.	MIAMI, FL. 33176
DIR.	DAVID M PEER	730 SPANISH COVE DRIVE	MELBOURNE, FL. 32940
DIR.	DR. GLEN SHAW	6349 WILLOW SPRINGS DR.	MORRISON, CO. 80465-2155

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/21/04 321
632-4017
Date Daytime Phone #

CR2E081 (01/04)

Ti-Co Medical Instruments, Inc.

P.O. Box 236217
Cocoa, Florida 32923-6217

Telephone (321) 632-4017
Fax (321) 636-7558

FLORIDA DEPARTMENT OF STATE
DIVISIONS OF CORPORATIONS
P. O. BOX 6327
TALLAHASSEE, FLORIDA 32314

APRIL 21, 2004

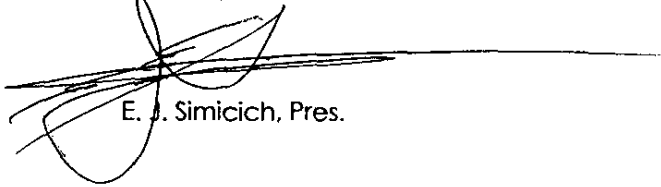
Ref: Fed.# 59-1661529

DEAR EXAMINER,

We hereby certify that we did not receive annual report for the year 2003.

Enclosed please find application for reinstatement and our check for \$300.00 to cover fees for the year 2003 and 2004

Sincerely,

A handwritten signature in black ink, appearing to be "E. J. Simicich", written over a horizontal line.

E. J. Simicich, Pres.

Ti-Co Medical Instruments, Inc.

