

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR CA REINSTATEMENT	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **492542**

1. Corporation Name
INSTRUMENT ASSOCIATES, INC.

Principal Place of Business	Mailing Address
13891 JETPORT LP STE 19 FT MYERS FL 33913 US	13891 JETPORT LP STE 19 FT MYERS FL 33913 US

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

2. New Principal Office Address, If Applicable 6460 Topaz Ct. Unit A		3. New Mailing Office Address, If Applicable	
Suite, Apt. #, etc. Unit A		Suite, Apt. #, etc.	
City & State FT MYERS FL		City & State	
Zip 33912	Country USA	Zip	Country

FILED
99 NOV -8 PM 3: 32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT **99**

4. Date Incorporated or Qualified To Do Business in Florida 01/01/1976	SP
5. FEI Number 59-1635835	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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	4 City / State / Zip
SD	BRUST, BRUCE	13891 JETPORT LOOP S-19 6460 Topaz Ct Unit A	FT. MYERS FL 33913 33912

100003050011--9
-11/19/99--01082--001
******750.00 ****750.00**

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

BRUST, BRUCE 13891 JETPORT LOOP S-19 FT. MYERS FL 33913 6460 Topaz Ct Unit A FT MYERS FL 33912	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, Etc. City State FL Zip Code
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10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0506, F.S.

Signature of Registered Agent **Bruce Brust** Date _____
REGISTERED AGENT MUST SIGN

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: **Bruce Brust** Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR20040 (8/99)