

**CORPORATION  
REINSTATEMENT**



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

**FILED**

02 JAN 31 AM 10:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F0000000 4422**

1. Corporation Name  
**NON INVASIVE MEDS. COM, INC.**

2. Principal Office Address  
**2495 NW 39 St.**

3. Mailing Office Address  
**2495 NW 39 St**

**REINSTATEMENT**

**01-02**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

4. Date Incorporated or Qualified  
To Do Business in Florida

5. F.E. Number  
**65-1025077**

Applied For  
Not Applicable

Zip  
**33431**

Country

Zip  
**33431**

Country

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required  
for a Certificate of Status

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

Name  
**FLORIDA-LAWDOCK, INC.**

**4000004882814--5**

**-02/06/02--0103--009**

Street Address (P.O. Box Number is Not Acceptable)  
**222 LAKEVIEW AVE**

**\*\*\*300.00 \*\*\* \*900.00**

Suite, Apt. #, Etc.  
**#400**

**LS**

City  
**West Palm Beach FL**

State  
**FL**

Zip Code  
**33431**

**8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0605 or 617.0603, F.S.**

Signature of Registered Agent  
**[Signature]**  
REGISTERED AGENT MUST SIGN

Date  
**Jan 7, 2002**

**9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)**

Title	Name of OFFICER AND/OR DIRECTOR	Street Address of Each Officer and/or Director	City / State / Zip
CEO	Suzanne Puchaty	2495 NW 39 St.	Boca Raton, FL 33431

**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]** Suzanne Puchaty  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **1/4/2002** Daytime Phone #: **561 483 1402**

CR2001 (9/99)