

# 2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED

2007 SEP 25 PM 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09192007 REIN-P CR2E098 (1/07)

<b>DOCUMENT # F01000005019</b> 1. Entity Name <b>MEDISCOPE MANUFACTURING INC.</b>					
Principal Place of Business <b>774 MOUNTAIN BLVD WATCHUNG, NJ 07069</b>			Mailing Address <b>774 MOUNTAIN BLVD WATCHUNG, NJ 07069</b>		
2. Principal Place of Business - No P.O. Box # <b>744 Mountain Blvd</b> Suite, Apt. #, etc.		3. Mailing Address <b>744 Mountain Blvd</b> Suite, Apt. #, etc.			
City & State <b>Watchung, NJ</b> Zip <b>07069</b>		City & State <b>Watchung, NJ</b> Zip <b>07069</b>		4. FEI Number <b>22-3142942</b>	
Country <b>U.S.A</b>		Country <b>U.S.A</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>HELME, DANIEL 2832 NW 22ND TERRACE POMANO BEACH, FL 33069</b>			7. Name and Address of New Registered Agent Name <b>Helme, Daniel</b> Street Address (P.O. Box Number is Not Acceptable) <b>2832 NW 22nd Terrace</b> <b>Pompano Beach FL 33069</b>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE <span style="float: right;">9/19/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After January 1, 2008, Fee will be \$300.00</b>			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HELME, DANIEL 774 MOUNTAIN BLVD WATCHUNG, NJ 07069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	600109893115 09/25/07--01032--019 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:			9/19/07 (908) 756-2411 <small>Date Daytime Phone #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

9/23/07