

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F01000005019

1. Corporation Name

Mediscope Manufacturing, Inc.

2. Principal Office Address - No P.O. Box #

1390 Valley Road

Suite, Apt. #, etc.

2B

City & State

Stirling, NJ

Zip

07980

Country

USA

3. Mailing Office Address

1390 Valley Road

Suite, Apt. #, etc.

2B

City & State

Stirling, NJ

Zip

07980

Country

USA

REINSTATEMENT 08-10

4. Date Incorporated or Qualified
To Do Business in Florida

09/25/2001

5. FEI Number

223142942

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

Daniel Helme

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

2832 NW 22nd Terrace

Suite, Apt. #, Etc.

City

Pompano Beach,

State

FL

Zip Code

33069

☒ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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

4/16/10

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
President	Daniel Helme	1390 Valley Road	Stirling, NJ 07980

10. E-mail Address: Lhelme@mediscope-mfg.com

(To be used for future annual report notification)

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. I further certify, 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

Date

4/16/10

Daytime Phone #

908.542.0900