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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

2006 OCT 24 PM 4:33

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F02000001246

1. Corporation Name

BIO-MEDICAL SERVICES ORG., INC.

2. Principal Office Address		3. Mailing Office Address	
45 Buford Highway		P.O. Box 369	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Suwanee, Georgia		Suwanee, Georgia	
Zip	Country	Zip	Country
30024	USA	30024	USA

CR2E081 (12/05)

4. Date Incorporated or Qualified To Do Business in Florida 02/20/2002

5. FEI Number 582418324 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

7. Name and Address of Current Registered Agent

Name
CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

Suite, Apt. #, Etc.

City	State	Zip Code
Plantation	FL	33324

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 _____ ALLAN FARNELL
REGISTERED AGENT ASSISTANT SECRETARY

Date OCTOBER 24, 2006

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
PVSD	Ken Scarboro	5343 Legends Drive	Braselton, GA 30517
		PRESIDENT	05 06

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 contained in Chapter 119, 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: _____ Ken Scarboro President 10/23/06 770-945-3117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLE10 - 01/04/2006 CT System Online

Williams OCT 24 2006

TOTAL P.02

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

BIO-MEDICAL SERVICES ORG., INC.

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