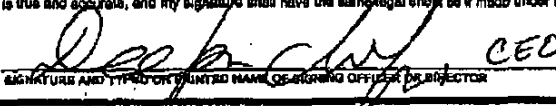


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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F02000001431			
1. Corporation Name Dolphin Medical, Inc.			
2. Principal Office Address - No P.O. Box # 12525 Chadron Avenue		3. Mailing Office Address 5150 220th Ave SE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hawthorne, CA		City & State Issaquah, WA	
Zip 90250	Country US	Zip 98029	Country US
4. Date Incorporated or Qualified To Do Business in Florida: 03/18/2002			
5. FEI Number 95-4876507		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 CT Corporation System			
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road			
Suite, Apt. #, Etc.			
City Plantation		State FL	Zip Code 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 617.0603, F.S.			
Signature of Registered Agent 		M.T. FITZPATRICK ASSISTANT SECRETARY Date 6/04/08	
9. Name and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Title	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
D/CEO	Deepak Chopra	12525 Chadron Avenue	Hawthorne, CA 90250
D	Ajay Mehra	12525 Chadron Avenue	Hawthorne, CA 90250
D/PR	Jim Roop	12525 Chadron Avenue	Hawthorne, CA 90250
TR	Scott Stewart	12525 Chadron Avenue	Hawthorne, CA 90250
SEC	Kathleen Callaghan	5150 220th Ave SE	Issaquah, WA 98029
10. I certify that I am an officer or director of 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 included on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.			
SIGNATURE:  CEO		Date 6/4/08 (302)349-2405	
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR		Date Daytime Phone #	

REINSTATEMENT 07-08

7/6/5

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6384

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5926

CORPORATION REINSTATEMENT

DOLPHIN MEDICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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