PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

08 JUN

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
08 JUN -5 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F02000001431

1. Corporation Name
Dolphin Medical, Inc.

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2. Principal Office Address - No P.O. Box #		3. Mailing Office Address	
12525 Chadron Avenue		5150 220th Ave SE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Hawthorne, CA		Issaquah, WA	
Zip	Country	Zip	Country
90250	US	98029	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

☑ 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: M. T. Fitzpatrick — REGISTERED AGENT MUST SIGN

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)

Titles	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 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: Deepak Chopra CEO — 6/4/08 — (310)349-2405

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

DOLPHIN MEDICAL, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
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