

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

FILED

07-08  
CORPORATION  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

MAY 20 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F03000003165

1. Corporation Name

DEL MAR REYNOLDS MEDICAL, INC.

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

12525 CHADRON AVE.

Suite, Apt. #, etc.

3. Mailing Office Address

12525 CHADRON AVE.

Suite, Apt. #, etc.

City & State

HAWTHORNE, CA

City & State

HAWTHORNE, CA

Zip

90250

Country

USA

Zip

90250

Country

USA

4. Date Incorporated or Qualified  
To Do Business in Florida

6/25/2003

5. FEI Number  
43-1988935

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

*Matty Young* - Asst Secretary  
REGISTERED AGENT MUST SIGN

Date 5/8/08

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
C	BLESSINGTON, BRUCE	12525 CHADRON AVE.	HAWTHORNE, CA 90250
DP	GREENTER, GARY	12525 CHADRON AVE.	HAWTHORNE, CA 90250
DVP	HENKIN, RAPHAEL	12525 CHADRON AVE.	HAWTHORNE, CA 90250
S	DIGHTON, SIMON G.	12525 CHADRON AVE.	HAWTHORNE, CA 90250
T	EDRICK, ALAN	12525 CHADRON AVE.	HAWTHORNE, CA 90250

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/08

Date

910-978-0516

Daytime Phone #

SP