

FD5000004236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

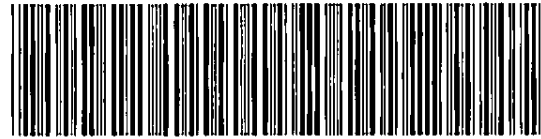
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



200365561302

2021 MAY -6 AM 11:16

2021 MAY -6 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

O SIMMONS
MAY 12 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2021 MAY 11 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 7, 2021

CSC

RESUBMIT
Please give original
submission date as file date.

SUBJECT: INVIVO CORPORATION
Ref. Number: F05000004256

We have received your document for INVIVO CORPORATION and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

PLEASE COMPLETE THE NEW FORM ENCLOSED

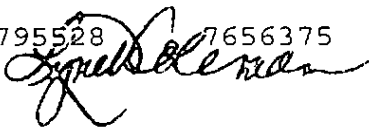
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Octavia L Simmons
Regulatory Specialist II Supervisor

Letter Number: 321A00009551

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195
REFERENCE : 795528 7656375
AUTHORIZATION : 
COST LIMIT : \$ 35.00

ORDER DATE : May 5, 2021
ORDER TIME : 9:21 AM
ORDER NO. : 795528-035
CUSTOMER NO: 7656375

FOREIGN FILINGS

NAME: INVIVO CORPORATION

XX CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX WITHDRAWAL/CANCELLATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF STATUS

CONTACT PERSON: Eyllena Baker - EXT#

EXAMINER: _____

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: INVIVO CORPORATION

(Name of Corporation)

DOCUMENT NUMBER: F05000004256

The enclosed **withdrawal application** and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Irma I. Gomez

(Name of Person)

Philips North America

(Firm/Company)

222 Jacobs Street

(Address)

Cambridge, MA 02141

(City/State and Zip code)

For further information concerning this matter, please call:

_____ at (_____) _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the amount:

- \$35 Filing Fee \$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is Enclosed) \$52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**APPLICATION BY FOREIGN CORPORATION FOR WITHDRAWAL OF
AUTHORITY TO TRANSACT BUSINESS OR CONDUCT AFFAIRS IN FLORIDA**

INVIVO CORPORATION

(Name of Corporation)

F05000004256

(Document Number of Corporation (if known))

Delaware 07/25/2005

(Incorporated Under Laws of and date authorized to transact business/conduct its affairs)

2005 MAY -6 AM 11:16

This corporation is no longer transacting business or conducting affairs within the State of Florida and hereby voluntarily surrenders its authority to transact business or conduct affairs in Florida.

This corporation revokes the authority of its registered agent in Florida to accept service on its behalf and appoints the Department of State as its agent for service of process based on a cause of action arising during the time it was authorized to transact business or conduct affairs in Florida.

The following is a current mailing address for the corporation:

12151 Research Parkway

(Mailing Address)

Orlando, FL 32826

(City/ State /Zip)

The corporation agrees to notify the Department of State in the future of any change in its mailing address.



(Signature of a director, president or other officer - if in the hands of a receiver or other court appointed fiduciary, by that fiduciary)

5/4/21

(Date)

Joseph E. Innamorati

(Typed or printed name of person signing)

Vice President

(Title of person signing)

FILING FEE \$35