

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**

00 NOV 29 AM 9:13

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **F940000050797**

**1. Corporation Name**

**Endoscopic Concepts Inc**

**2. Principal Office Address**

**1191 N. Federal Hwy PMB 111**

Suite, Apt. #, etc.

City & State

**Delray Beach FL 33444**

Zip

Country

**USA**

**3. Mailing Office Address**

Suite, Apt. #, etc.

City & State

Zip

Country

**7. Name and Address of Current Registered Agent**

Name

**NRAS Services Inc**

Street Address (P.O. Box Number is Not Acceptable)

**526 East Park Ave**

Suite, Apt. #, Etc.

City

**Tallahassee**

State  
**FL**

Zip Code

**32301**

**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

*[Signature]*

**SEFF M. Higgins, Special Asst. Sec.**  
REGISTERED AGENT MUST SIGN

Date **11/14/00**

**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
Pres.	<b>John K Danks</b>	<b>1191 N. Federal Hwy PMB 111</b>	<b>Delray Beach FL 33444</b>
V.P.	<b>Jeff A. Wilson</b>	<b>1000 Volunteer Blvd #322 Georgia Ave NE Atlanta GA 30302</b>	<b>Atlanta GA 30302</b>
Sec.	<b>Porter Durham</b>	<b>11 Forest Park Drive</b>	<b>Medford Mass 01756</b>

**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 under section 119.07(3)(i), F.S. The information provided on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**10-31-00 561-279-9067**

CR2E081 (3/99)