

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

04 JAN 27 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 086076

1. Corporation Name

UNITED SURGICAL PRODUCTS, INC

900023964989
01/27/04--01017--021 **158.75

900023964989
01/27/04--01017--020 **600.00

2. Principal Office Address

10401 BELCHER RD

Suite, Apt. #, etc.

City & State

LARGO, FL

Zip

33777

Country

USA

3. Mailing Office Address

N/A (SAME)

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

8/87

5. FEI Number

59-2850908

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☒

\$8.75 Additional Fee required
for a Certificate of Status

1021-03 01037 029 \$150.00

7. Name and Address of Current Registered Agent

Name

LEE ALEXANDER

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

10401 BELCHER RD

Suite, Apt. #, Etc.

City

LARGO

State

FL

Zip Code

33777

REINSTATEMENT

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

Lee Alexander

REGISTERED AGENT MUST SIGN

Date

1/12/04

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/ CEO	LEE ALEXANDER	10401 BELCHER RD LARGO FL 33777	LARGO, FL 33777
SEC/ Treas	LEE ALEXANDER	"	"

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 indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Lee Alexander

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #