

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

REPROVED
AND
FILED

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

00 OCT -6 PM 4:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #

K13879

1. Corporation Name **ULTRASONIC SYSTEMS OF MIAMI, INC.**

2. Principal Office Address

551 W 51st Place

Suite, Apt. #, etc.

206

City & State

Hialeah, Florida

Zip

33012

Country

U.S.A.

3. Mailing Office Address

P.O. Box 44-1027 Miami, FL

Suite, Apt. #, etc.

City & State

Miami Florida

Zip

33144

Country

U.S.A.

REINSTATEMENT 16-18

4. Date Incorporated or Qualified
To Do Business in Florida

FEB 1988

5. FEI Number

65-0045249

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

Antonio GARCIA

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

410 NW 57th

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33126

300003434073-4
-10/20/00--01087--013
*****1350.00 ***1350.00**

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

Antonio Garcia

REGISTERED AGENT MUST SIGN

Date **10/2/2000**

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	ANTONIO GARCIA	24 SW 59th	Miami FL 33144

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:

Antonio Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/2/2000 (305) 825-4700

Daytime Phone #

KE