

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K61991

1. Corporation Name

MEDICAL TECHNOLOGY AND INNOVATIONS, INC.

Principal Place of Business

3125 NOLT ROAD
LANCASTER PA 17601

Mailing Address

3125 NOLT ROAD
LANCASTER PA 17601

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT

4. Date Incorporated or Qualified To Do Business in Florida

01/30/1989

5. FEI Number

65-2954561

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
CEO	FEAKINS, JEREMY	3125 NOLT ROAD 615 Centerville Rd	LANCASTER PA 17601
VP	BALLHEIM, ROBERT	3125 NOLT ROAD	LANCASTER PA 17601
VP	BEHRMANN, JOHN	3125 NOLT ROAD	LANCASTER PA 17601
D	CRIMMINS, MATT	3125 NOLT ROAD 615 Centerville Road	LANCASTER PA 17601
VP	HARTMAN, GEORGE H	3125 NOLT ROAD	LANCASTER PA 17601
CEO	GILL, STEVEN	3125 NOLT ROAD	LANCASTER PA 17601
VS	SUROVCIK, DENNIS	615 Centerville Road	LANCASTER PA 17601

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

LITTMAN, ERIC P
1428 BRICKELL AVENUE
8TH FLOOR
MIAMI FL 33131

Name

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

Suite, Apt. #, Etc.

City

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of Registered Agent

SIGNATURE REQUIRED

REGISTERED AGENT MUST SIGN

Date

(See other side for information on intangible tax.)

11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30.

Yes ☐ No ☐

12. 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)(f), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2040 (9/98)