

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

APPLICATION FOR REINSTATEMENT  
 FLORIDA DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS

**L01000012527**

AND FILED

02 NOV 20 AM 9:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012527

Name and Mailing Address

0005721 01 FP 0.352 \*\*PRST T8 0 0615 34205-500112



IMPEDANCE VASCULAR IMAGING PRODUCTS, LLC  
 4112 20TH STREET WEST  
 BRADENTON FL 34205-5001



|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 2. New Mailing Address<br><br>City, State, Zip  |                                   | 4. State/Country of Formation<br><br>FL  |  |
| Principal Place of Business<br>4112 20TH STREET WEST<br>BRADENTON FL 34205  |                                   | 5. Date Organized or Qualified To Do Business in Florida<br>07/30/2001   |  |
| 3. New Principal Place of Business Address<br><br>City, State, Zip  |                                   | 6. FEI Number<br><br>Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>   |  |
| 8. Name and Address of Current Registered Agent<br><br>JUDY, WILLIAM V<br>4112 20TH STREET WEST<br>BRADENTON FL 34205   |                                   | 7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$5.00 Additional Fee required for a Certificate of Status   |  |
|   |                                   | 9. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City, State, Zip<br><b>REINSTATEMENT</b> FL 34205 |  |
| 10. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.<br>Signature of Registered Agent <u>William V. Judy</u> Date <u>11-12-02</u><br>REGISTERED AGENT MUST SIGN |                                   |  |  |
| 11. Names and Street Addresses of Each Managing Member/Manager  |                                   |  |  |
| Title(s)  | Name of Managing Members/Managers | Street Address of Each Managing Member/Manager   | City / State / Zip                             |
| MGRM  | JUDY, WILLIAM V                   | 4112 20TH STREET WEST  | BRADENTON FL 34205                             |
| MGRM  | WELDY, PARK L                     | 811 40TH STREET WEST   | BRADENTON FL 34205                             |
| MGRM  | HIRE, W. JEFFREY                  | 5180 TURNBERRY LANE  | SYLVANIA OH 43580                              |
| MGRM  | NIJLAND, PETER L                  | 7581 DE, LOSSER  | THE NETHERLANDS                                |
|   |                                   |  | 9000009112729<br>11/20/02--01066--011 **150.00 |

CR2E084 (8/02)

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12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. 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 of Managing Member/Manager

William V. Judy

Date 11-12-02

Daytime Phone # 941-751-2252

Typed or printed name of signing Managing Member/Manager