

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

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| APPLICATION FOR REINSTATEMENT | FLORIDA DEPARTMENT OF STATE Division of Secretary of State Division of Corporations |
|-------------------------------------|--|

AND
FILED

02 NOV 20 AH 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012527

Name and Mailing Address

0005721 01 FP 0.352 **PRSRT T8 0 0615 34205-500112

IMPEDIMENT VASCULAR IMAGING PRODUCTS, LLC
4112 20TH STREET WEST
BRADENTON FL 34205

CR2E84 (8/02)

2. New Mailing Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified
To Do Business in Florida

07/30/2001

Principal Place of Business

4112 20TH STREET WEST
BRADENTON FL 34205

3. New Principal Place of Business Address

City, State, Zip

6. FEI Number

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED \$5.00 Additional Fee required
for a Certificate of Status

8. Name and Address of Current Registered Agent

JUDY, WILLIAM V
4112 20TH STREET WEST
BRADENTON FL 34205

9. Name and Address of New Registered Agent

Name

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

City

REINSTATEMENT FL 7002

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.

Signature of
Registered Agent

William V. Judy

Date 11-12-02

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 43560 |
| MGRM | NIJLAND, PETER L | 7581 DE, LOSSER | THE NETHERLANDS |
| | | | 9000009112729 11/20/02-01066--011 **150.00 |
| | | | TB |

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