

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Glenda E. Hood**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

2004 MAR -9 PM 4:02

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1. DOCUMENT # L01000012527

Name and Mailing Address

0010519 01 AT 0.292 \*\*AUTO T9 0 0615 34205-500112



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



2. New Mailing Address

City, State, Zip

Principal Place of Business

4112 20TH STREET WEST  
BRADENTON FL 34205

3. New Principal Place of Business Address

City, State, Zip

4. State/Country of Formation

FL

5. Date Organized or Qualified  
To Do Business in Florida

07/30/2001

6. FEI Number

APPLIED FOR

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

400030139984  
03/10/04--01023--013 FL \*\*200.00

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*  
**SIGNATURE REQUIRED**  
REGISTERED AGENT MUST SIGN

Date 02-12-04

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

**REINSTATEMENT** 2003-04

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*  
**SIGNATURE REQUIRED**

Date 02-12-04 Daytime Phone # 941-757-7252

Typed or printed name of signing Managing Member/Manager