


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

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APPLICATION FOR REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
 Jim Smith
 Secretary of State
 DIVISION OF CORPORATIONS

L01000022855 **855**

FILED

1. DOCUMENT # L01000022855
 Name and Mailing Address

0004402 01 FP 0.352 **PRSRT T4 0 0615 33435-565099
 INSIGHT MEDICAL PRODUCTS, LLC
 1100 S. FEDERAL HIGHWAY
 BOYNTON BEACH FL 33435-5650

03 JAN 24 AM 10:26

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 01/20/03 0009805268
 01/03/03--01029--010 **150.00



2. New Mailing Address City, State; Zip		4. State/Country of Formation FL	
Principal Place of Business 1100 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435		5. Date Organized or Qualified To Do Business in Florida 12/26/2001	
3. New Principal Place of Business Address City, State, Zip		6. FEI Number 07-0422990	Applied For Not Applicable
		7. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/>	\$5.00 Additional Fee required for a Certificate of Status

CR2E084 (8/02)

8. Name and Address of Current Registered Agent CAPPELLA, ARTHUR J 1100 S. FEDERAL HIGHWAY BOYNTON BEACH FL 33435		9. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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: Arthur J. Capella Date: _____
 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
MGR	THOMAS MURPHY	710 NE 7TH ST	BOYNTON Bch, FL 33435
MGR	RONALD RUDY	4251 FOX TRACE	BOYNTON Bch, FL 33436

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 01/21/03--01057--001 **50.00

REINSTATEMENT 02-03

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: Arthur J. Capella Date: 12/30/02 Daytime Phone #: 561-932-3113

Typed or printed name of signing Managing Member/Manager