

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

PyloRz

APPLICATION
02 MAR 03
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 APR -2 AM 8:09

DOCUMENT # **L23098**

1. Corporation Name

ELECTRO-MEDICAL ACCESSORIES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

7823 N. DALE MABRY HWY
STE 202
TAMPA FL 33614
US

7823 N. DALE MABRY HWY
STE 202
TAMPA FL 33614
US

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

4. Date Incorporated or Qualified To Do Business in Florida

10/13/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

59-2972858

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

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	4 City / State / Zip
D	STAFFORD, STEWARD L.	15951 N. FLORIDA AVE.	TAMPA FL 33549
VDP	EDGERTON, ROY	13918 SHADY SHORES DRIVE	TAMPA FL
			600009767996 12/31/02--01054--006 **317.50
			600009767996 04/02/03--01055--010 **158.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

STAFFORD, S. L.
15951 NORTH FLORIDA AVENUE
TAMPA FL 33549

Name

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

Suite, Apt. #, Etc.

City

State

FL

Zip Code

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

S. L. Stafford
REGISTERED AGENT MUST SIGN

Date

10-30-02

11. 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)(i), 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

PyloRz
REGISTERED AGENT MUST SIGN

Date

10/31/02

Daytime Phone #

CR2E040 (801)