

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION FOR REINSTATEMENT		FLORIDA DEPARTMENT OF STATE
		Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M91245

1. Corporation Name

INNOVATIVE MEDICAL, INC.

Principal Place of Business

3135 Avalon Ridge Pl.  
Suite 200  
Norcross, GA 30071

Mailing Address

3135 Avalon Ridge Pl.  
Suite 200  
Norcross, GA 30071

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

7/22/88

5. FEI Number

05-0071399

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required for a Certificate of Status

**REINSTATEMENT 98-99**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	City / State / Zip
CEO/D	Mike Malloy	3135 Avalon Ridge Suite 200	Norcross, GA 30071
Pres/D	Robert Stonikas	3135 Avalon Ridge Suite 200	Norcross, GA 30071
Secy/D	Lee Robinson	3135 Avalon Ridge Suite 200	Norcross, GA 30071
			300002948833--2 -08/03/99--01043--009 ****900.00 ****900.00

8. Name and Address of Current Registered Agent

George Golik  
13450 SW 126 St.  
Suite #4  
Miami, FL 33186

9. Name and Address of New Registered Agent

Name  
C T Corporation System  
Street Address (P.O. Box Number is Not Acceptable)  
1200 South Pine Island Road  
Suite, Apt. #, Etc  
City  
Plantation  
State  
FL  
Zip Code  
33324

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

*Connie Bryan*

CONNIE BRYAN  
SPECIAL ASSISTANT SECRETARY  
REGISTERED AGENT MUST SIGN

Date

7/29/99

11. This corporation owes the current year Intangible Personal Property Tax due June 30.

Yes ☐ No ☒

(See other side for information on intangible tax.)

12. 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:

*Lee Robinson*  
(R. LEE ROBINSON)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/26/99

Date

(774) 798-9670

Daytime Phone #

CR2E081 (12/98)