

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

03 NOV 24 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000032289

1. Corporation Name

NOVA MEDICAL SYSTEMS CORPORATION

Principal Place of Business

6414 NW 82ND AVENUE
MIAMI FL 33166

Mailing Address

6414 NW 82ND AVENUE
MIAMI FL 33166

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified
To Do Business in Florida

03/30/2000

5. FEI Number

65-0994548

Applied For

Not Applicable

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)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
DPS	VARELA, MARDIN	4424 NW 72 WAY	DAVE FL 33314
DT	VARELA, YOLANDA	4424 NW 72 WAY	DAVE FL 33314
			700024999147 11/24/03--01129--008 **150.00
			700024999147 11/24/03--01129--009 **8.75

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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. or 617.0505, F.S.

Signature of
Registered Agent

Glenda E. Hood

REGISTERED AGENT MUST SIGN

Date 10/10/03

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:

Mardin Varela

MARDIN VARELA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

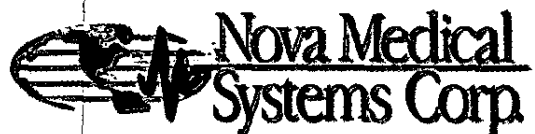
10/10/03

Date

305 597 0322

Daytime Phone #

CR20040 (7/03)



Miami, November 21, 2003

Florida Department of State
Mrs. Glenda E. Hood
Division Of Corporations

Ref.: Document # P00000032289

Dear Sir/Madam,

Please find attached the Application For Reinstatement Form. We hereby request a waiver to the fee, as we never received your original form.

We enclose a check for \$150.00.

We also enclose a check for \$8.75 to request the Certificate of Status.

Thank you for your help.

A handwritten signature in black ink, appearing to read "Mardín Varela", written over a horizontal line.

Mardín Varela
Owner - Nova Medical Systems Corp.