

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

P00000042658

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

2021 OCT 18 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FL

FILED

Ⓢ

DOCUMENT # P00000042658

1. Corporation Name

ERIC MEDICAL INC

2. Principal Office Address - No P.O. Box #

3. Mailing Office Address

1331 SE 7th Avenue

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach FL

Zip

Country

Zip

Country

33060

USA

400375463444

08/31/21--01010--010 **1050.00

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

4/27/2001

5. FEI Number

65-1021022

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

MARK KLATMAN

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

1331 SE 7th Avenue

Suite, Apt. #, Etc.

City

Pompano Beach

State
FL

Zip Code

33060

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]

Date 8/15/21

REGISTERED AGENT MUST SIGN

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

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
Pr.	MARK KLATMAN	1331 SE 7th Avenue	Pompano Beach FL 33060

10. E-mail Address: Mark@ericmedicalusa.com

(To be used for future annual report notification)

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., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/21 954 600 7194

Date

Daytime Phone #