

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

DIVISION OF CORPORATIONS

FILED

02 FEB -8 PM 12:27

DOCUMENT # P00000075619

1. Corporation Name

MARDA MEDICAL, INC.

Principal Place of Business

4450 NE INDIAN RIVER DR.
JENSEN BCH FL 34951

Mailing Address

4450 NE INDIAN RIVER DR.
JENSEN BCH FL 34951



REINSTATEMENT 13 01-02

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

08/07/2000

5. FEI Number

65-1042017

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
PD	LEVIN, ANDREW	4450 NE INDIAN RIVER DR.	JENSEN BCH FL 34951
			800004927958--3
			-02/15/02--01004--016
			****300.00 ****300.00

8. Name and Address of Current Registered Agent

LEVIN, ANDREW
4450 NE INDIAN RIVER DR.
JENSEN BCH FL 34951

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.

Signature of
Registered Agent

Andrew Levin

Date

11/10/01

REGISTERED AGENT MUST SIGN

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:

Andrew Levin ANDREW LEVIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/10/01

Daytime Phone #

561-225-5759

CR2E040 (8/01)