

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 DEC -3 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000114178

1. Corporation Name

HEARTBEAT MEDICAL, INC.

Principal Place of Business

209 SOUTH HAMPTON CLUB WAY
ST. AUGUSTINE FL 32092
US

Mailing Address

209 SOUTH HAMPTON CLUB WAY
ST. AUGUSTINE FL 32092
US

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.

1515 CR 210 Suite 204

City & State

Jacksonville FL

Zip

32259

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

12/12/2000

5. FEI Number

91-1828352

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	BAILEY, ROBERT S	209 SOUTH HAMPTON CLUB WAY	ST. AUGUSTINE FL 32092
SD	BAILEY, EVELYN B	209 SOUTH HAMPTON CLUB WAY	ST. AUGUSTINE FL 32092

8. Name and Address of Current Registered Agent

BAILEY, EVELYN B
209 SOUTH HAMPTON CLUB WAY
ST. AUGUSTINE FL 32092

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

Evelyn Bailey
SIGNATURE REQUIRED
REGISTERED AGENT MUST SIGN

Date 10-31-02

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:

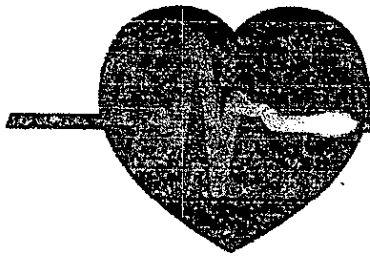
Evelyn Bailey
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

10-31-02

904-824-
5557 x100



HeartBeat Medical *Search & Recruitment*

"At The Heart Of Opportunity"

R. Scott Bailey - President
Ed Browning
Kevin McDonough
Bob Chapman
Mark Hopper
Evelyn Bailey
Michelle Burr

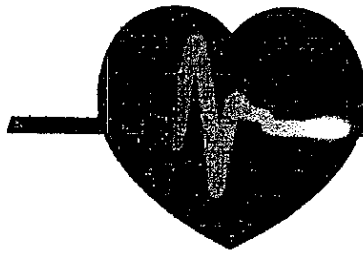
October 31, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please accept this letter along with a check for \$150.00 to reinstate an active status for our corporation. We did not receive the UBR notices.

Respectfully submitted,

Scott Bailey
President



HeartBeat Medical *Search & Recruitment*

"At The Heart Of Opportunity"

R. Scott Bailey - President
Bob Bailey, General Manager
Ed Browning
Kevin McDonough
Bob Chapman
Mark Hopper
Evelyn Bailey
Michelle Burr
Bekki Brim

November 26, 2002

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Attn: Tyrone Scott

Ref Number: P00000114178

Our application for reinstatement was returned for correction. The application was originally mailed on 10/31/02 with a check for \$150. We did not receive the UBR notices and drafted a letter stating so. After mailing the application I realized that the letter stating UBR notices were not received was not placed in the envelope with the application. The following day the original letter was mailed to your office along with a note explaining what happened.

Please accept a copy of the letter signed by the President along with the application for reinstatement for processing. The original check for \$150 has been cashed and the original letter should be at your office.

Respectfully submitted,

Michelle Burr
Office Manager