

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

02 MAY 15 PM 12:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000116467

1. Corporation Name

CYCLOTEC ADVANCED MEDICAL TECHNOLOGIES, INC.

2. Principal Office Address

4871 N.W. 65th Avenue

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

Zip

33319

Country

USA

3. Mailing Office Address

4871 N.W. 65th Avenue

Suite, Apt. #, etc.

City & State

Lauderhill, Florida

Zip

33319

Country

USA

REINSTATEMENT 2001-2002

**4. Date Incorporated or Qualified
To Do Business in Florida**

12/21/2000

5. FEI Number

59-3694953

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

Alan B. Cohn, Esq.

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

2021 Tyler Street

Suite, Apt. #, Etc.

City

Hollywood

State

FL

Zip Code

33020

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

Date

5/13/02

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
PSTD	Stephen A. Michelson	4871 N.W. 65th Avenue	Lauderhill, Florida 33319

10. 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:

Stephen A. Michelson

Date

4/24/02 954.146 8930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E081 (9/01)