

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2009 NOV 25 P 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000003021

1. Corporation Name

INTERVENTIONAL SERVICES UNLIMITED, INC.

000163098410
11/25/09--01003--012 **1508.75

CR2E081 (12/08)

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

1125 TROUPE STREET

Suite, Apt. #, etc.

3. Mailing Office Address

1125 TROUPE STREET

Suite, Apt. #, etc.

City & State

AUGUSTA, GEORGIA

City & State

AUGUSTA, GEORGIA

Zip

30904

Country

USA

Zip

30904

Country

USA

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

01/09/2001

5. FEI Number

59 3688552

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

C T CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

Suite, Apt. #, Etc.

City

PLANTATION

State

FL

Zip Code

33324

☐ The reinstatement fee is imposed, except in circumstances which the entity did not receive the prior notices. By checking this box, you are certifying the prior notices were not received and requesting the reinstatement fee be waived.

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**

Michael Seraphin

Michael Seraphin Asst. Secretary

Date

11/20/09

REGISTERED AGENT MUST SIGN

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

| Title | Name of Officers and/or Directors | Street Address of Each Officer and/or Director | City / State / Zip |
|-------|--------------------------------------|---|--------------------|
| PSTD | SAMUEL MIETLING | 1125 TROUPE STREET | AUGUSTA, GA 30904 |
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REINSTATEMENT

04-09

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 contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SAMUEL MIETLING

23 Nov 09

Date

(706) 667-7400

Daytime Phone #