

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 MAY -1 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P01000017334

1. Corporation Name

MED-SMART SURGICAL PRODUCTS

2. Principal Office Address

1121 CRANDON BLVD.

Suite, Apt. #, etc.

D-807

City & State

KEY BISCAVNE, FL

Zip

33149

Country

MIAMI-DADE

3. Mailing Office Address

1121 CRANDON BLVD.

Suite, Apt. #, etc.

D-807

City & State

KEY BISCAVNE, FL

Zip

33149

Country

MIAMI-DADE

000017832400

05/01/03--01061--005 **300.00

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

2/15/01

5. FEI Number

65-1090353

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

MAGOLNICK, JOEL S

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

1111 BRICKELL AVENUE

Suite, Apt. #, Etc.

SUITE 2050

City

MIAMI

State

FL

Zip Code

33131

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

4/29/03

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
P	VOGT, JAMES	1121 CRANDON BLVD. - D808	KEY BISCAVNE, FL 33149

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/03

Date

Daytime Phone #

CR2E081 (10/02)

22 5/2

April 15, 2003

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

Re: Med-Smart Surgical Products - FEI 65 1090353 - Document #P01000017334

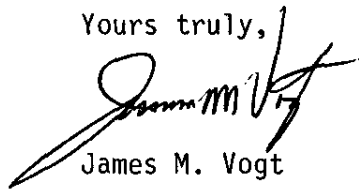
Dear Sirs:

With this letter I am sending you check for \$300.00 in payment of the (UBR) Uniform Business Report on the above mentioned corporation, for the years 2002 and 2003.

I am also enclosing the corporation reinstatement form completed and signed and request that you waive the penalty fees at this time, since we did not receive the UBR form this year.

Thank you for your attention.

Yours truly,



James M. Vogt
President

Med-Smart Surgical Products