

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

03 AUG 12 PM 12:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P0100045321

1. Corporation Name

Burton Medical Industries, Inc.

700022480717
08/21/03--01052--004 **300.00

REINSTATEMENT 02-07

2. Principal Office Address

6316 Hatteras Club Dr.

Suite, Apt. #, etc.

3. Mailing Office Address

6316 Hatteras Club Dr.

Suite, Apt. #, etc.

City & State

Lake Worth, FL

City & State

Lake Worth, FL

Zip

33463

Country

USA

Zip

33463

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

5-7-2001

5. FEI Number

651107630

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

Robert Roundtree

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

600 North Pine Island Rd Suite 450

Suite, Apt. #, Etc.

Suite 450

City

Plantation

State

FL

Zip Code

33324

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

[Signature]

REGISTERED AGENT MUST SIGN

Date

8/11/03

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
Pres.	Lenzer Burton	6316 Hatteras Club Dr	Lake Worth, FL 33463

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] Lenzer Lee Burton

8/11/03

561-641-4548

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E081 (10/02)

9/8/12

Lenzer Burton
Burton Medical Industries

6316 Hatteras Club Drive
Lake Worth, FL 33463
(561) 641-4548
(954) 649-6860 cell

August 8, 2003

Florida Department of State
Division of Corporations

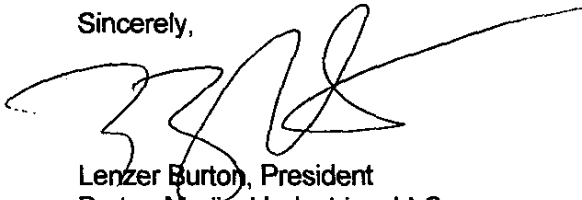
To Whom It May Concern:

Recently Burton Medical Industries' corporation license expired, however your department did not send the renewal notice to the correct address (6316 Hatteras Club Drive, Lake Worth, FL 33463). Therefore we never received an expiration notice.

Burton Medical Industries would like to renew their corporation license, and we have enclosed \$300 for the applicable fees. Please waive the penalty fees, since we never received the uniform business report. We appreciate your help in this situation.

Thanks for your assistance in this matter.

Sincerely,

A handwritten signature in black ink, appearing to be 'LB' or 'Lenzer Burton', written over a horizontal line.

Lenzer Burton, President
Burton Medical Industries, LLC