

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P02000036769

1. Corporation Name

FUSION SURGICAL INCORPORATED

Principal Place of Business

6331 GARLAND CT
NEW PORT RICHEY FL 34652

Mailing Address

6331 GARLAND CT
NEW PORT RICHEY FL 34652

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.

City & State

Zip

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

04/04/2002

5. FEI Number

02-0587157

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
D	HEALY, EDWARD	6331 GARLAND CT	NEW PORT RICHEY FL 34652

400023856374
10/16/03--01054--006 **150.00

8. Name and Address of Current Registered Agent

BUSINESS FILINGS INCORPORATED
660 EAST JEFFERSON STREET
TALLAHASSEE FL 32301

9. Name and Address of New Registered Agent

Name: EDWARD JAMES HEALY
Street Address (P.O. Box Number is Not Acceptable)
6331 GARLAND CT
Suite, Apt. #, Etc.
City: NEW PORT RICHEY
State: FL
Zip Code: 34652

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

Signature of Edward J. Healy
REGISTERED AGENT MUST SIGN

Date 10-14-03

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD J. HEALY

10-14-03

Date

Daytime Phone #

727 647 8792

CR2E040 (7/03)

FUSION SURGICAL INCORPORATED

**6331 GARLAND CT
NEW PORT RICHEY, FLORIDA 34652**

October 14, 2003

To Whom It May Concern:

This is a notice due to receipt of your Notice of Administrative Dissolution or Revocation document that no prior uniform business report (UBR) was received by me or any employee. Please, find enclosed the UBR filing fee.

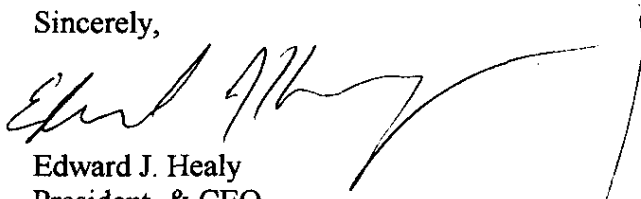
Please, send all correspondents to :

Fusion Surgical Incorporated
Attn: Ed Healy, President
6331 Garland Ct
New Port Richey, FL 34652

727 647 8792

Thank you for your understanding in this matter.

Sincerely,



Edward J. Healy
President & CEO
Fusion Surgical Incorporated