

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jan 03, 2005 8:00 A.M.**  
**Secretary of State**

**DOCUMENT # P02000077076**

**1. Corporation Name**

American Heart Tech, Inc.

2503 Milton Avenue  
PO Box 520

**2. Principal Office Address**  
2503 Milton Avenue

**3. Mailing Office Address**  
PO Box 520

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**City & State**  
New Smyrna Beach, Florida

**City & State**  
New Smyrna Beach, FL

**Zip**  
32168

**Country**

**Zip**  
32170-0520

**Country**

**4. Date Incorporated or Qualified To Do Business in Florida** **December 23, 22002**

**5. FEI Number**  
45-0486396

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**  
Keidaish, Philip F.

**Street Address (P.O. Box Number is Not Acceptable)**  
320 W. Sabal Palm Place

**Suite, Apt. #, Etc.**  
Suite 300

**City**  
Longwood

**State**  
FL

**Zip Code**  
32779

**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**

*[Handwritten Signature]*

REGISTERED AGENT MUST SIGN

**Date** *12-30-04*

**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
CEO	Howard, Gregory D.	2503 Milton Avenue	New Smyrna Beach, FL 32168
P	Macisaca, Peter R.	58 Scenic Drive	Bible Hill, Nova Scotia D2N 4N5

**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:**

*[Handwritten Signature]* Gregory D Howard

386-428-6113

Date

Daytime Phone #

CR2E081 (01/04)